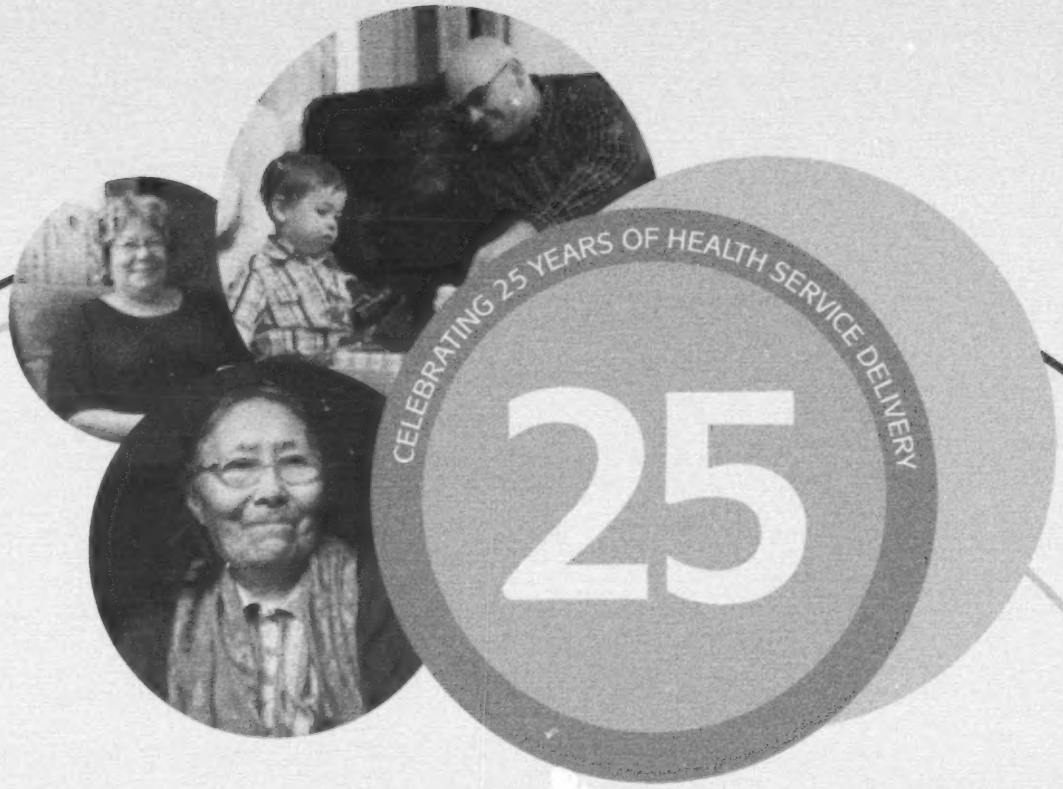

NWT HEALTH & SOCIAL SERVICES SYSTEM
2012-2013 ANNUAL REPORT

MEASURING SUCCESS AND FOCUSING ON RESULTS

Northwest Territories Health and Social Services

January 2014 | www.hss.gov.nt.ca

NWT Health and Social Services System

2012-2013 Annual Report

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Message From the Minister

I am pleased to present the NWT Health and Social Services Annual Report for the fiscal year 2012-13. The annual report outlines activities undertaken by the Health and Social Services system in an effort to meet its mandate in promoting, protecting, and providing for the health and well-being of the people of the Northwest Territories.

This report fulfills our commitment to report on progress made in year two of our strategic plan, *Building on our Foundation, 2011-2016.*

I look forward to improving our system in partnership with the Health and Social Services Authorities and other stakeholders.

Glen Abernethy
Minister of Health and Social Services

Executive Summary

This year we are celebrating 25 years since the transfer of health services from the Government of Canada to the Government of the Northwest Territories (GNWT). Territory-wide responsibility was assumed for programs in public health, infectious disease control, environmental health, and nutrition. The transfer of responsibility for health care was beneficial to NWT residents as it meant that services could be delivered closer to home.

NWT residents are accessing care from a highly professional and dedicated group of health care providers, many of whom have made the North their home and have a long history of working in the communities. The quality of care is generally recognized as comparable to what is available elsewhere in the country. Health and Social Services Authorities have been innovative in providing local programs to respond to local needs and priorities.

We have made great strides in using modern technology to bring services to residents faster with less disruption and reduced unnecessary medical travel. For example, digital imaging over the internet allows Community Health Nurses to consult with physicians in Yellowknife or Alberta about the required treatment for bone fractures. Telehealth technology allows speech language pathologists to provide service to school children in all NWT communities on a regular schedule. People suffering from mental health issues in remote communities can now access on-going psychiatric support and counseling through Tele-psychiatry without having to leave their home community.

Improving patient safety and quality of care

There is currently no standardized remote community clinical support system in the NWT to provide community health practitioners with one designated point of contact when they need assistance with urgent clinical support. The Department of Health and Social Services (the Department) has begun to implement the first components of a new service called Med-Response. Med-Response will provide community healthcare workers with a single number to call for emergency clinical support when needed, providing 24-hour access to a practitioner. Med-Response will also coordinate all of the NWT's air ambulances to ensure air ambulance flights reach the most critical patients as quickly as possible.

Federal Territorial Health System Sustainability Initiative (THSSI) funding for 2012-13 was used to support this project.

Tailoring our services to best meet the needs of the population we serve

Addictions issues remain a concern for residents and communities across the NWT. The Minister's Forum on Addictions and Community Wellness was established to seek recommendations on how we can address addictions in our communities. Forum members traveled to communities in every region in the NWT to meet with community leaders, caregivers, non-government organizations, and community members to hear ideas about community-based solutions for addictions programming and supports.

Forum members reported what they heard from communities about the best ways to address addictions issues. A total of 67 recommendations were made and put into a report titled, *"Healing Voices"*. The recommendations have been considered by the Minister and the Department and the *Mental Health and Addictions Action Plan* will be updated to reflect the recommendations.

The need for community healing on-the-land has been identified in many forums, including initiatives on early childhood development, wellness planning sessions, and the recommendations of the Minister's Forum on Addictions and Community Wellness. On-the-land programs help to support positive mental health, and allow communities to plan programming that is alcohol and drug-free and that supports a healthy lifestyle within the cultural context of the community. In 2012-13, eight communities provided on-the-land or similar programming. The number of communities offering on-the-land programs is expected to increase in the future as the Department moves to integrate on-the-land programs into the healing pathways.

Engaging our partners

The GNWT entered into a new funding arrangement with Health Canada for the delivery of federally funded community based wellness programs. This arrangement allows communities to enter into multi-year agreements for wellness funding. Communities can submit a single application to access various sources of federal wellness funds, for a range of programming, to address priorities identified through community wellness consultations. Contribution agreements will be flexible, require less reporting, and surplus funds may be carried over from one year to the next.

As part of this initiative, communities will be expected to develop wellness plans to identify priority areas. Pilot projects for establishing the tools and funding processes took place with the Inuvialuit Regional Corporation, the Tlicho Government, and the Yellowknives Dene First Nation. It is anticipated that every community in the NWT will have developed a wellness plan by the end of the 2013-14 fiscal year. Another priority will be to enhance culturally appropriate care throughout the system.

Improving Aboriginal health outcomes

Planning for a new Aboriginal Health and Community Wellness Division began in 2012-13. A decentralized team of community wellness planners worked with community groups and Aboriginal governments to identify community priorities. Working in partnership with local and regional Aboriginal organizations and governments, the Division will respond to the need for prevention and promotion in ways that are more effective for Aboriginal communities.

Improving access through innovation

To improve access to psychiatry services for individuals with mental illness, a partnership between Stanton Territorial Health Authority and the Department of Psychiatry at Dalhousie University began in August 2012. Patients in need of psychiatric care used to have to fly to Yellowknife or Edmonton for services. Now NWT residents can access psychiatry services using Tele-psychiatry. Medication and other follow-up treatment are provided by the local practitioner in collaboration with the psychiatrist. Dalhousie psychiatrists are on-site in the NWT for approximately 19 weeks per year and provide services via Tele-psychiatry for an additional 14 weeks per year. The program provides all aspects of psychiatric care, including travel clinics, consultations, and emergency assessments. The long term benefits of this program will be seen in the two to five year range as program design, education, development, and monitoring come into effect.

Reducing the burden of chronic disease

Forty per cent of admissions to NWT hospitals are related to chronic diseases. By preventing and better managing chronic disease we can help control healthcare costs and improve the quality of life for many of our residents. The Department, the Health and Social Services Authorities, and the Canadian Foundation for Healthcare Improvement worked together to complete a series of pilot projects to find more effective ways to manage chronic disease within our system. The pilots focused on diabetes, mental health, and renal care. The diabetes team focused on self-management support for people with Type 2 diabetes in Behchoko, Norman Wells, and Yellowknife. Yellowknife and Hay River Health and Social Services Authorities supported the project by piloting a centralized renal patient database, while Stanton Territorial Health Authority supported the project through the use of their central intake referral program. The mental health team standardized referral practices and the sharing of mental health information. The design, implementation, completion, and evaluation of the pilots constitute significant steps towards an integrated, territory-wide chronic disease management strategy. Project evaluation has highlighted seven recommendations to help shape the future of chronic disease management in the NWT. Lessons learned from the pilots will be expanded across the NWT and used to design better care pathways for other chronic diseases.

Advances in technology

The use of e-Health and Social Services technology is an important component in the delivery of health and social services in the North. New technology helps improve the delivery of quality health care across the NWT by linking healthcare professionals with patients, and with each other, no matter where they are. Electronic health records and technology improve access to patient information, enabling better health care decisions, better continuity of care, and better health outcomes.

- The **Interoperable Electronic Health Record (iEHR)** is now available in all NWT communities. A new version was recently implemented that includes easier secure access for practitioners and additional clinical reports.
- **Diagnostic Imaging/Picture Archiving Communication System (DI/PACS)** are available everywhere that digital imaging services are offered. DI/PACS has moved x-rays from film to digital format. Radiologists in Yellowknife and in other provinces can review results in as fast as 35 minutes.
- **Lab Information System (LIS)** and **TeleSpeech** projects are completed and these systems are now an important component of the NWT health and social services system.
- A **Territory-wide Electronic Medical Record (EMR)** project is underway which will enable increased quality of care and patient safety, and improved health outcomes, by transforming the way information is captured, integrated, and shared between clinical providers. The EMR will be implemented across the NWT over three to five years. It is the first Enterprise EMR in Canada to be implemented for an entire jurisdiction. The NWT is viewed as progressive and innovative in its approach to integrated patient records and tools to support system-wide care delivery leading to improved health outcomes for our residents.

Summary of Progress and Results

Under *Priority One,* the Department committed to 12 actions aimed at enhancing services for children and families. Of these 12 actions, nine are either completed, on track, or in progress. Three of the projects are reported as delayed.

There are eight actions committed to in *Priority Two* to improve the health status of the population; all are completed, on track, or in progress.

Priority Three includes 10 actions to improve the delivery of core community health and social services through innovative service delivery. All 10 initiatives are complete, on track, or in progress.

Commitments made by the Department under *Priority Four* are to work toward one territorial integrated system with local service delivery. Of the seven commitments made, six are completed, on track, or in progress. One is delayed.

Under *Priority Five,* the Department committed to five actions aimed at ensuring patient/client safety and system quality. Four actions are completed, on track, or in progress, while one is currently delayed.

The Department committed to three actions under *Priority Six* to ensure outcomes of health and social services are measured, assessed, and publicly reported. All three are completed or on track.

Moving forward

Despite these advancements, we still face challenges. The NWT ranks among the highest in Canada for smoking rates, binge drinking, and suicide. The rates of chronic disease, such as diabetes and many cancers, are increasing. Mortality rates for preventable illnesses are among the highest in Canada and the rate of injury hospitalizations is twice the national average.

We know we can do better. With the staff, technology, and resources we have today, we have the ability to offer better care to our residents. We need to modernize our health and social services system to use our existing resources more effectively to provide – ***better care, better health, and a better future*** for all the residents of the NWT.

As we strive to provide quality care based on best practices and community needs, we will work to ensure the priorities in our strategic plan, *Building on our Foundation*, align with what we are hearing from communities.

We look forward to continually improving our health and social services system in partnership with the Authorities and all other stakeholders.

CELEBRATING 25 YEARS OF HEALTH SERVICE DELIVERY
25

25 Years of Developing Healthy NWT Communities:

Transfer of Health Care

Responsibility for health was transferred to the GNWT from Canada in 1988 and a decision was made to combine the health care and social services delivery systems in order to provide an integrated primary care approach to residents. The current primary care philosophy is based on the concept that health and social service providers form a "circle of care" for each patient or client.

At the time of transfer, the GNWT established a number of regional health boards to oversee delivery and to provide feedback to the territorial Department of Health on local concerns and challenges. This structure was consistent with thinking across Canada at the time and responded to concerns about Aboriginal entitlement to health care. It was believed that regional Authorities would ensure local input into the development and delivery of programs and services. This was also seen as a way to ensure that program delivery would be culturally relevant and respectful, and that staff coming from outside the NWT would receive appropriate cross-cultural orientation. The Department of Health was merged with the Department of Social Services in 1994 to integrate and coordinate the services provided by the two departments.

A new Stanton Territorial Hospital was opened in August 1988 at its current location. This was Stanton's third home, and plans are now under way to upgrade and modernize the existing facility. Following the creation of Nunavut in 1999, Stanton has continued to provide services to the Kitikmeot Region.

A system of boarding homes was established, to provide residents who had to leave their home community to receive medical care with a place to stay where they could speak their own language and eat traditional food. The Larga Boarding Home in Yellowknife was established in 1988, addressing a long-standing concern of Kitikmeot residents regarding the need for a "home away from home" for Inuit patients referred to hospital or physician services in Yellowknife. The GNWT also houses patients in the Larga Boarding Home in Edmonton. The Vital Abel Boarding Home was opened in 1990 in N'Dilo for the use of Dene and Métis who need medical services in Yellowknife.

Promotion and prevention programming has long been a part of territorial initiatives. The Department provided contributions to communities and non-government organizations across the NWT to combat the effects of alcohol and drug abuse. Added to these initiatives were investments in smoking prevention activities – a matter of urgency given the high rates of smoking across the territory.

Between 1990 and 2000, prior to the division of the NWT and Nunavut, there were 64 communities in the NWT supporting a population of approximately 60,000.[1] While the communities differed in size and ethnic composition, the range of health services provided to them were similar. Each community had a resident health team, as well as access to specialist services and medical travel when necessary. Depending on the size of the community these teams might include Community Health Nurses (CHNs), Community Health Representatives (CHRs), Community Wellness Workers (CWW), Home Support Workers (HSW), Dental Therapists, and Health Clerk Interpreters.

The Northern Nursing Program, established in 1993 and offered by Aurora College, provided a major boost to the NWT as graduates had both a nursing background and northern experience. In the spring of 2011, four nurses graduated with a Master's Degree in Nursing (MN-NP) and 13 students received their Bachelor of Science in Nursing.

The GNWT joined a growing number of Canadian jurisdictions in authorizing midwives to deliver babies. The effort to formally recognize and license midwives to practice began in 1993, with legislation regulating midwifery services passed in January 2005. Today, the Department is committed to expanding the Midwifery Program. Within the next couple of years expectant mothers will have access to maternal services in Hay River and the Beaufort Delta region. Receiving consistent maternal care before during and after delivery will decrease stress for the mom and baby, as well as close family members.

1. On April 1, 1999 a new Northwest Territories was created when new boundaries were drawn in Canada's North. Two new territories, a new NWT and Nunavut were created. Prior to division the GNWT had responsibility for both Nunavut and NWT.

In 2001, the Minister of Health and Social Services created the Joint Leadership Council (JLC), comprised of the Chairs of each of the Boards of Management, the Minister, and the Deputy Minister of Health and Social Services, to provide more coordinated leadership within the system. At the same time, an informal collaborating body of Health Authority and Department senior managers was formed. This Joint Senior Management Committee (JSMC), which includes the CEOs of all health authorities and Senior Management from the Department, works closely to collaborate and coordinate on system-wide operations.

Nurses, many of whom are CHNs, are the largest group of health care practitioners in the NWT. In most communities CHNs are the access point to health care. Most work in Community Health Centres caring for individuals, families, and communities by promoting health and preventing illness. CHNs provide regular and emergency outpatient treatment services and a full public health program.

Nurse Practitioners are registered nurses with additional education and an independent scope of practice, and are an important part of the care team in the NWT. Legislation was passed by the Legislative Assembly in 2003 setting out professional guidelines for the practice. In 2005, the GNWT produced guidelines regarding the authority of Nurse Practitioners to diagnose diseases, inform patients, request and review medical tests, and prescribe drugs.

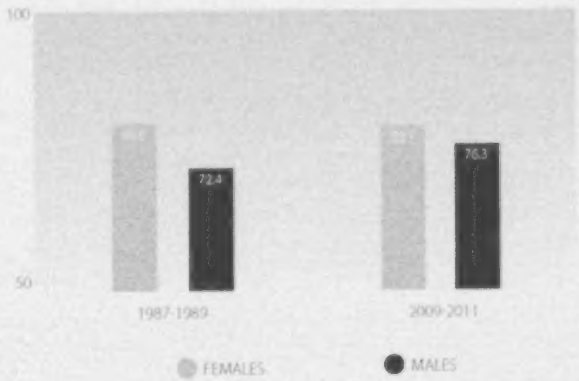
In 2008, pharmacists were given an expanded scope including the authority to provide a refill prescription to their clients with chronic or long-term conditions.

The GNWT has faced a growing responsibility for the long-term care of a range of individuals, including those with Fetal Alcohol Spectrum Disorder (FASD), the elderly, and those with chronic conditions. Improvements to health care and general living conditions have produced an increase in life expectancy from 72.4 to 76.3 years for men while women's life expectancy remains consistent at over 80 years. This has increased the need to provide care for seniors. The GNWT, along with partners in the non-profit sector and community governments, has developed expanded programs for home and community care. These include adult day programming, long-term care facilities, extended care facilities, and other arrangements that assist people to remain in their homes and with their families for as long as possible.

Ensuring healthy residents and maintaining healthy communities remains a top priority across the NWT. Over the next 25 years we will continue to provide quality health care and social services consistent with GNWT priorities and the needs of the population. The course ahead will require courage and conviction, innovation, flexibility, and continued support for change. Achieving the best possible results is dependent upon making the best use of our limited resources, and each resident's personal responsibility as a contributor to healthy communities and a healthy territory.

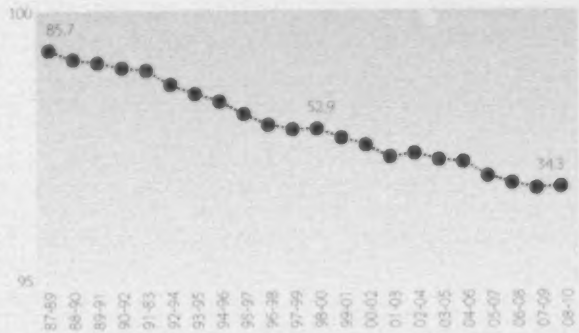
Life Expectancy at Birth Three Year Averages, 1987-1989 vs 2009-2011

Life expectancy at birth is the average years a person can expect to live and a good reflection on the health of the population. The data shows women can still expect to live long in their elder years and the outlook for men to reach old age has made marked improvements over the last 25 years.



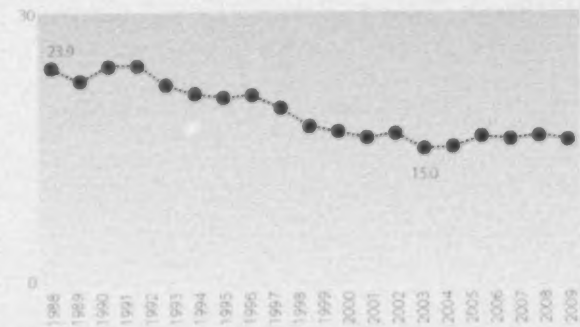
Teen Birth Rate (Births per 1000 Females Age 15 to 19) Three-Year Averages, 1987-89 to 2008-10

Teen birth rate is the number of females between the age of 15 and 19 per 1,000 who deliver a newborn baby. Teen birth rate is a widely used indicator to gauge whether or not youth and young adults are living safe and healthy lifestyles. A declining teen birth rate is a good indicator that youth today are making safe and healthy decisions.

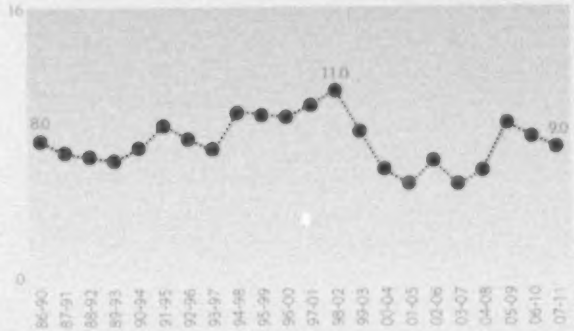


Birth Rate (Births per 1,000 pop), 1988-2012

Births represent a primary component of population growth. Birth trends can influence the population structure, and tracking of these trends can inform social planning and resource allocation.

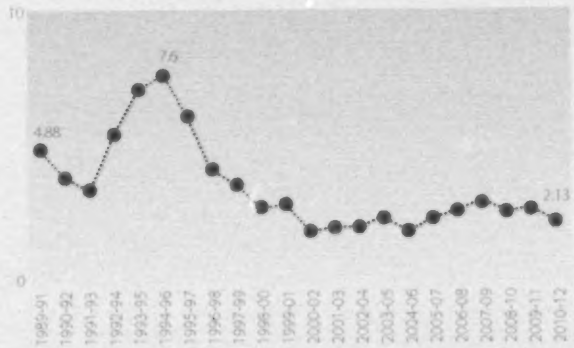


Infant Mortality Rates (Deaths per 1,000 Live births) Five-Year Averages, 1986-90 to 2005-09



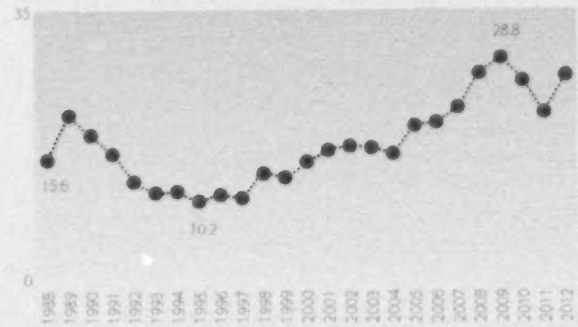
Infant mortality is used worldwide as an indicator of population health and the effectiveness of healthcare and public health initiatives. Between 2007 and 2011, the NWT had the second highest infant mortality rate in the country.

Tuberculosis (Cases per 10,000 Pop.) Three-Year Averages, 1989-91 to 2010-12



Tuberculosis (TB) is a disease that often attacks the lungs but can also affect other parts of the body, including the brain, lymph nodes, and bones. Though significant strides have been made to decrease the incidence of TB in the Northwest Territories it remains a substantial health concern and outbreaks still occur. A declining trend in TB cases provides evidence that our public health policies, surveillance systems, and treatment are making improvements in the lives of NWT residents.

Chlamydia and Gonorrhea (Cases per 1,000 Pop.) 1988 to 2012



The incidence of Sexually Transmitted Infections (STI), primarily Chlamydia and Gonorrhea, in the NWT is much higher than in Canada. STI's are spread through unsafe sex and can cause infertility, ectopic pregnancies, premature births, and damage to unborn children.

Overview

Structure of the System

The NWT health and social services system is highly complex. It includes a number of service providers, professionals, regional authorities, and delivery partners from both within and outside of the NWT.

The health and social services system is comprised of the Department, six regional Health and Social Service Authorities (HSSAs), the Tlicho Community Services Agency, and the Stanton Territorial Health Authority. In addition, there are a number of non-government organizations (NGOs), and community and Aboriginal governments, which play a key role in the delivery of many of our promotion, prevention, and community wellness activities and services.

Vision, Mission, and Goals

VISION

Healthy people, healthy families, healthy communities.

MISSION

To promote, protect and provide for the health and well-being of the people of the Northwest Territories.

GOALS

Wellness – Communities, families, and individuals make healthy choices; children are raised in safe environments and are protected from injury and disease

Access – The right service at the right time

Sustainability – Living within our means

Accountability – Reporting to the public and the Legislative Assembly

Guiding Principles

PERSONAL RESPONSIBILITY

Individuals, families, and communities have a lead role in achieving their own overall health and well-being

TRANSPARENCY

Outcomes are measured, assessed and publicly reported

COLLABORATION

Working together to ensure individuals, families, and communities make well informed decisions about their health and wellness

PATIENT/CLIENT SAFETY

Health and social services are delivered within acceptable practice and clinical standards

CORE NEED

Publicly funded programs and services that support basic health and social needs

OPPORTUNITIES FOR ENGAGEMENT

Communities provide input and advice on health and social service matters affecting their community

Strategic Plan Priorities

Priority one: Enhance services for children and families

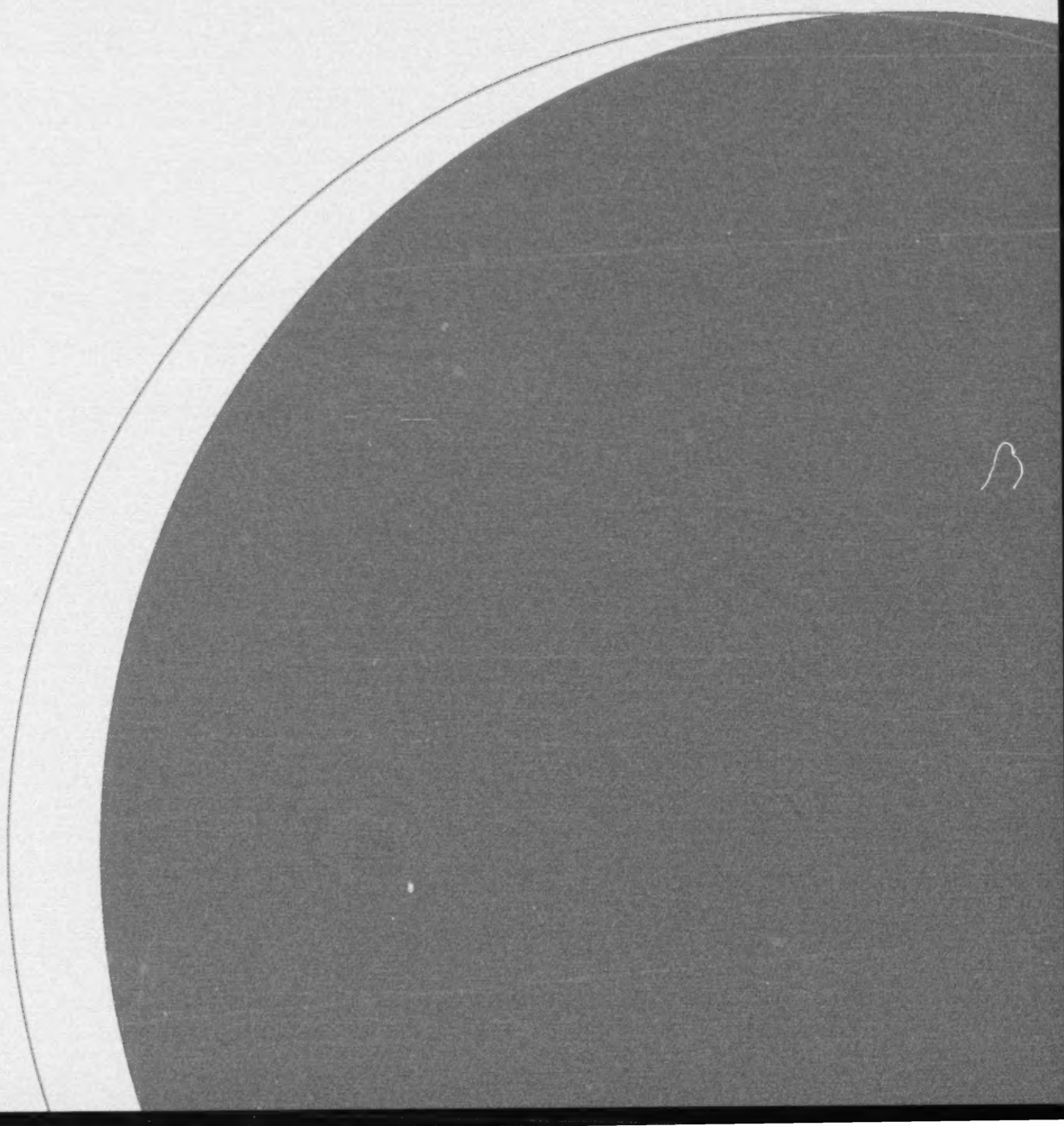
Priority two: Improve the health status for the population

Priority three: Deliver core community health and social services through innovative service delivery

Priority four: Ensure one territorial integrated system with local delivery

Priority five: Ensure patient/client safety and system quality

Priority six: Outcomes of health and social services are measured, assessed, and publicly reported



The Department

Overall, the Department is responsible for:

- Establishing system-wide strategic direction and leadership, program planning, policy development, and standards development;
- Developing the legislative framework that supports the health and social services system's mandate;
- Quality assurance through risk management, performance monitoring, and evaluation;
- Providing leadership in population health through disease surveillance, socio-economic monitoring and mitigation, and prevention and control to identify, respond to, and prevent illness and disease;
- Providing leadership in primary care through the development and implementation of program standards, protocols, and guidelines to guide care delivered by our health authorities;
- Providing leadership in social programs through wellness planning, including innovative approaches to mental health and addiction services;
- Leading practices in child and family services;
- Administering health insurance programs such as the NWT Health Care Plan, the Extended Health Benefits and Métis Health Benefits Programs, and, on behalf of Canada, the Non-Insured Health Benefits Program;
- Providing leadership in innovation and technology related to service delivery;
- Providing strategic system-wide health and social services human resource planning.

Health and Social Services Authorities

HSSAs are the delivery arm of the system and are responsible for providing residents with primary community care, regional services, and referral to territorial and out of territory services as required. The Stanton Territorial Health Authority provides hospital and specialist services for all residents of the NWT.

About our Health and Social Services Authorities

Beaufort Delta Health and Social Services Authority had a 2012-13 annual operating budget of $43,207,000 and serves a population of approximately *seven thousand* across the communities of Aklavik, Fort McPherson, Inuvik, Paulatuk, Sachs Harbour, Tsiigehtchic, Tuktoyaktuk, and Ulukhaktok.

Dehcho Health and Social Services Authority had a 2012-13 annual operating budget of $19,115,000 and serves a population of approximately *three thousand four hundred* across the communities of Fort Simpson, Fort Liard, Fort Providence, Fort Simpson, Hay River Reserve, Jean Marie River, Kakisa, Trout Lake, and Wrigley.

Fort Smith Health and Social Services Authority had a 2012-13 annual operating budget of $17,275,000 and serves a population of approximately *two thousand five hundred* in the community of Fort Smith.

Hay River Health and Social Services Authority had a 2012-13 annual operating budget of $27,892,000 and serves a population of approximately *three thousand eight hundred* in the communities of Enterprise and Hay River.

Sahtu Health and Social Services Authority had a 2012-13 annual operating budget of $12,716,000 and serves a population of approximately *two thousand seven hundred* across the communities of Colville Lake, Deline, Fort Good Hope, Norman Wells, and Tulita.

Tłı̨chǫ Community Services Agency had a 2012-13 annual operating budget of $13,060,000 and serves a population of approximately *three thousand* across the communities of Behchokǫ̀, Gamèti, Wekweètì, and Whatì.

Yellowknife Health and Social Services Authority had a 2012-13 annual operating budget of $51,398,000 and serves a population of approximately *twenty thousand nine hundred* across the communities of Dettah, Fort Resolution, Łutselk'e, N'Dilo, and Yellowknife.

Stanton Territorial Health Authority, located in Yellowknife, had a 2012-13 annual operating budget of $116,745,000. It serves the entire territory, along with residents of the Kitikmeot region in Nunavut.

Our Programs and Services

NWT residents can expect to have access to a range of programs and services, either directly in their communities or elsewhere. These services are intended to assist them to achieve an optimal state of health and well-being, and to lead long and productive lives in the context of healthy families and communities.

Each HSSA is responsible for providing access to the following programs and services:

- Diagnostic and curative services;
- Mental health and addiction services;
- Promotion and prevention services;
- Continuing care services;
- Child and family services; and
- Rehabilitation services.

The Stanton Territorial Health Authority provides hospital services for all residents of the NWT as follows:

- In-patient services;
- Critical care services;
- Diagnostic and therapeutic services;
- Rehabilitation services; and
- Specialist services.

NGOs and community and Aboriginal governments also play a key role in the delivery of promotion and prevention and community wellness activities and services. The Department and the HSSAs fund NGOs for activities such as:

- Prevention, promotion, awareness, supportive counseling, addictions counseling, and referrals related to mental health and addiction services;
- Early childhood development;
- Family violence shelters and awareness;
- Tobacco cessation;
- In-house respite services for families with special needs; and
- Health promotion activities related to healthy choices.

Our Team

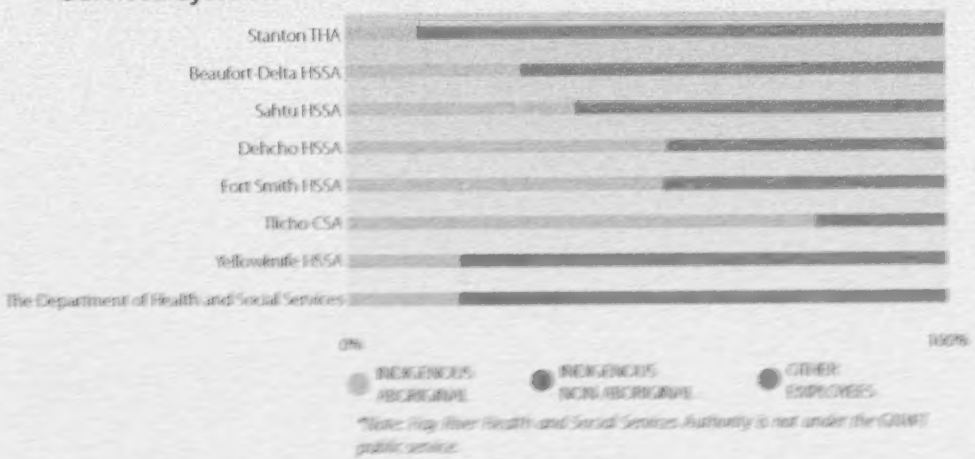
The health and social services system relies on front line service delivery where qualified, experienced, and caring professionals work to meet the needs of our residents. Success depends on the hard work, dedication, and commitment of the team to continuous improvement in the quality of services delivered.

When people access the health and social services system they are often not well; they are vulnerable, and in some cases suffering with mental health or addictions issues. In order to effectively meet the diverse needs of our residents, we rely on the skills of a broad range of health and social services professionals and front line service providers.

The Department is committed to developing a northern workforce, promoting sustainability, and ensuring culturally appropriate care. Affirmative action policies ensure that Aboriginal and non-Aboriginal Indigenous applicants are given priority in the hiring process.

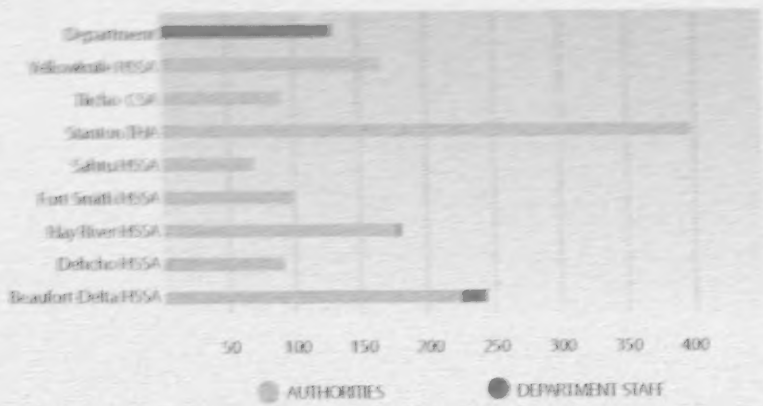
As at March 31, 2013 there were ***1,318 active positions*** in the HSSAs and ***149 active positions*** in the Department.

Affirmative Action Status of Employees within the Health and Social Services System



*Note: Hay River Health and Social Services Authority is not under the GNWT public service.

Staff within the HSS System



Approximately **68%** of the HSSAs' budgets are allocated to compensation and benefits.

Health and social services recruitment and retention programs and staff were transferred from the Department of Human Resources to the Department of Health and Social Services at the beginning of the 2013-14 fiscal year. The new System Human Resource Planning Division is responsible for system-wide health and social services human resource planning. The Division will develop a new health and social services human resource strategic plan for the system to optimize the health and social services workforce for provision of high quality, accessible health and social services. The Division will attract, prepare, and retain health and social services professionals to ensure the system has the right people, in the right place, and in the right settings for a strong and sustainable health and social services system. The Department will work in collaboration with the Department of Human Resources to ensure the new strategic plan aligns with the Department of Human Resources strategies and the vision and goals of the 17th Legislative Assembly.

ONE OF OUR TEAM

Stella van Rensburg

Stella's path led her all around the North, throughout the NWT and Nunavut. Though Stella worked in the provinces for a short time, the North has largely been her home. Her career with the GNWT has spanned from providing front-line care as a Nurse-in-Charge in Taloyoak, Pelly Bay, Gjoa Haven, and the Baffin Island Communities of Clyde River and Iqaluit, to administration in Yellowknife, Kitikmeot, and Inuvik.

Stella began her career in the NWT at Stanton Hospital when healthcare services in the NWT were still delivered by Health Canada. After working at Stanton, Stella provided care to residents of modern day Taloyoak.

Since then, Stella has taken on many administrative positions such as heading up Health Information and Public Health, Director of Health Legislation and Policy at the Department, and Manager of Health Programs in Kitikmeot. Stella now works in Inuvik as the Manager of Quality and Risk Management, and Client/Patient Representative.

"I love my job. I love the NWT and its people, my colleagues, and friends. It has been an honour and a privilege to work here; the GNWT has been very good to me."

- Stella van Rensburg

Measuring Success and Reporting on Results

Reporting on Year 2 of our Strategic Priorities

Green: Complete/On Track ▲

Yellow: In Progress ●

Red: Delayed ■

Priority One: Enhance services for children and families

1.0 Increase capacity of community to care for children and families at risk	**Year 2 Status**
1.1 Access to plain language information and material on the *Child and Family Services Act* and related programs and services	
1.2 Provide support to communities to establish Child and Family Services Committees	
1.3 Propose appropriate amendments to the Child and Family Services legislative framework	
1.4 Implement respite support in small communities for individuals and families that have children with disabilities	
1.5 Expand the Healthy Family Program	
1.6 Modernize Child and Family Services training available to families, communities, band administrators, and providers	
1.7 Provide persons with disabilities appropriate access to sustainable programs and services	
1.8 Provide community education workshops related to the *Child and Family Services Act*	
1.9 Develop information sharing protocols with partners to improve case management	
1.10 Work with communities to enhance the recruitment of foster parents	
1.11 Publish plain language Child and Family Service practice standards	
1.12 Partner with communities to develop culturally appropriate child development and prenatal programming	

Priority Two: Improve the health status of the population

2.0 In cooperation with communities and partners, implement health promotion, prevention, and self-care activities focusing on individuals most in need	**Year 2 Status**
2.1 Access to culturally relevant programs, information, and tools to achieve better health outcomes, including: - *STI prevention materials* - *smoking reduction* - *newborn screening* - *prenatal health (FASD, high risk births)* - *high risk drinking* - *nutrition and obesity*	●
2.2 Ensure access to comprehensive mental health and addictions (MHA) services by: increasing public understanding of MHA, integrating MHA programs into primary community care, improving access to services, and increasing accountability	▲
2.3 Chronic Disease Management (CDM) model which integrates mental health into the CDM model	●
2.4 Improve communications so individuals and families know how and where to access services	●
2.5 Work with other GNWT departments, NGOs, and communities to raise awareness and reduce occurrence of family violence and elder abuse	▲
2.6 Build community capacity to prevent and respond to suicide risks and other mental health events	▲
2.7 In partnership with communities, NGOs, Aboriginal organizations, and other GNWT departments, further implement the Healthy Choices Framework	▲
2.8 Work in partnership and provide support to communities, NGOs, Aboriginal organizations, and other GNWT departments addressing the health and social service related prevention initiatives geared at reducing homelessness and poverty amongst high-risk groups	▲

Priority Three: Deliver core community health and social services through innovative service delivery

3.0 **Through innovative delivery, ensure people have the majority of their health and social services needs met by high quality community-based support and care**	Year 2 Status
3.1 Update and modernize the Integrated Services Delivery Model (ISDM) to ensure that residents of the NWT have appropriate access to basic health and social services	●
3.2 Develop a Territorial Midwifery Program that would allow patients to access safe, quality service as close to home as possible	●
3.3 Develop a Territorial Support Network (now referred to as Med Response) based on networks of pooled expertise, to support care providers in the field and provide oversight for medical evacuations and travel. This will include a virtual clinic to ensure ongoing support	●
3.4 Provide training and support to allow families to care for individuals and loved ones in their homes where appropriate. This includes homecare that responds to higher acuity discharged patients, allowing seniors to age in place, and palliative care	●
3.5 Partner with communities, voluntary sector, and Aboriginal organizations to develop homecare support for individuals to remain in their homes and home communities for as long as possible	▲
3.6 Implement actions and changes required to allow homecare to respond to early discharge from southern hospitals and NWT acute care facilities, as well as assisting seniors to age in place	▲
3.7 Ensure that residents of the NWT are protected from injury and disease	●
3.8 Build capacity to ensure that residents of the NWT are protected from injury and disease, including the capacity to control infections such as MRSA and TB	▲
3.9 Integrate and modernize consistent standards, policies, best practices, and decision making tools across the system. May include Community Health Nursing standards, management of chronic disease, renal dialysis, and continuing care and long term care standards	▲
3.10 Continue to use technology such as Telehealth, DI/PACs, and electronic health records to improve access to specialists and connect patients and local care providers with a virtual team to enable service delivery in home communities	●

Priority Four: Ensure one territorial integrated system with local delivery

4.0 Ongoing Sustainability of the system and best value for money	**Year 2 Status**
4.1 Provide appropriate access to services through a comprehensive and modern GNWT medical travel policy and program	■
4.2 Establish appropriate governance and accountability structures through role clarification, appropriate financial and accountability agreements, and grants and contribution programs	●
4.3 Establish an NWT system governance and accountability structure to ensure system leadership, risk management, and accountability which links with the GNWT and ensures a one system approach	●
4.4 Support Human Resources in developing a comprehensive recruitment plan for the health and social service system, including a service level agreement for recruitment and retention processes and activities that clearly set out roles and responsibilities, timelines, and services to be delivered	▲
4.5 Develop and implement appropriate governance and accountability structures for medical travel, linked with back office service delivery	●
4.6 Enact a modern legislative framework that supports the mandate of the NWT health and social services system	▲
4.7 Use infrastructure planning to ensure modern, safe facilities and that medical and other equipment meet current infection control standards to promote efficient service delivery	▲

Priority Five: Ensure patient/client safety and system quality

5.0 Build territorial and local capacity to ensure safety and quality of care	**Year 2 Status**
5.1 Ensure that individuals and families are informed of their role in accessing treatment and care and the role of family in supporting individuals undergoing treatment or care	●
5.2 Enhance retention of qualified staff by working with communities and partners to ensure that front line health and social services workers are provided with a safe and welcoming environment in which to work and live	●
5.3 Develop and implement a pharmaceutical strategy to improve management of drugs and other pharmaceuticals	■
5.4 Improve territorial standards for prevention and control of infections in health-care facilities. Build system capacity and oversight	▲
5.5 Complete and implement an accountability framework for patient safety across authorities, to ensure ongoing improvement of patient care	▲

Priority Six: Outcomes of health and social services are measured, assessed and publicly reported

		Year 2 Status
6.0	**Ensure accountability of the system by reporting to the Legislative Assembly and the public**	
6.1	Monitor and report on client and patient satisfaction with their access to and experience with the health and social services system	▲
6.2	Improve monitoring and reporting of information	▲
6.3	Address the data compatibility issue and increase capacity for data collection, analysis, monitoring, and reporting. This will allow the Department to monitor the performance of the system and publicly report	▲

Performance Measures

Priority One

Performance Measure	*Baseline*	*2012-13 Target*	*2012-13 Actual*	*Discussion*
Percentage of children receiving services in their home community under the *Child and Family Services Act.*	80%	83%	87.5%	In the 10 years prior to the current strategic plan, between 76% and 81.5% of children received services in their home community. In the first two years of this strategic plan the percent of children receiving services in their home community has risen to 87.5%, exceeding the target of 83%. This is partly due to more children receiving services in their home, which has risen from a historical 10-year average of 34% to 47.9% in 2012-13. Additionally, of the 12.5% of children who did not receive services in their home community, more than 40% did so voluntarily.
Percentage of children receiving services in their home or with a relative, under the *Child and Family Services Act*	59%	60%	59%	The percent of children receiving services in their home or with a relative over the 10 years preceding the strategic plan ranged between 40% and 50% with an average of 46%. The percent of children receiving services in their home or with a relative increased to 55% in 2011-12 and 59% in 2012-13.

Performance Measure	*Baseline*	*2012-13 Target*	*2012-13 Actual*	*Discussion*
Number of communities with a Child and Family Services (CFS) Committee initiated	1	6	0	CFS Committees are provided for under the *Child and Family Services Act* to facilitate greater community involvement and community level decision making in the lives of children and families when protection concerns exist. The baseline for this measure is one and in 2012-13 there were no communities in the NWT with a CFS Committee agreement in place. Efforts to establish CFS Committees have been ongoing and the Department continues to work with communities and their leadership to advance this initiative.
Number of Foster Families in the NWT	-	-	132	The Department is working in collaboration with the NWT Foster Family Coalition and the HSSAs to recruit more foster homes across the NWT. At this point in time there is no established target for number of foster families in the NWT due to the volatility in the needed number of placements.
Number of NWT communities where respite is available	3	7	4	The baseline for this measure is three and in 2012-13 the number of communities with access to respite services remains at four. Homecare, where available in the NWT, can offer basic respite services to family caregivers but is limited to one-two hours.
Number of communities with a Healthy Family Program	4	6	15	The baseline for communities with a Healthy Family Program is four – the number of communities with a Healthy Family Program at the onset of the Strategic Plan. The program expanded to six communities in 2011-12 and then to 15 in 2012-13.

Priority Two

Performance Measure	*Baseline*	*2012-13 Target*	*2012-13 Actual*	*Discussion*
Percentage of NWT population reporting "excellent", or "very good" health	52%	53%	54%	The baseline for this measure was established using 2009 CCHS data. The percentage of NWT population reporting "excellent" or "very good" health was 54% in 2012-13. That is an increase of 4% from 50% in 2011-12. The NWT is significantly lower when compared to Canada.

Performance Measure	*Baseline*	*2012-13 Target*	*2012-13 Actual*	*Discussion*
Ambulatory sensitive conditions as a proportion of overall hospitalizations	4.5% of overall hospitalizations (2009/10)	4.5%	5.1%	Since 2011-12, the rate has increased from 4.7% to 5.1% in 2012-13. The Department piloted a diabetes self-management project with front line staff in Behchoko, Norman Wells, and Yellowknife. Front line staff received training on how to teach people with diabetes to self-manage their condition. Self-management has the potential to reduce complications due to diabetes.
Rate of hospitalizations where a mental health issue was the primary reason	11.3 per 1,000 population	10	13	Since 2009/2010, when the baseline of 11.3 hospitalizations where a mental health issue was the primary reasons per 1,000 population was established, the rate climbed to 12.8 in 2011-12 and to 13.0 in 2012-13. Improving options available to NWT residents with mental health issues remains an important priority for the Department as we continue to implement the *Mental Health and Addictions Action Plan*.
STI Incidence Rate for Chlamydia, Gonorrhea, and Syphilis	260 per 10,000	225	245	STI rates in the NWT increased in 2012 and are approximately 10 times higher than the national average. In response to these rates, the Department began a series of community and school visits to raise awareness about STIs and the tools and resources available in the NWT.
Percentage of daily smokers who report being counseled to quit smoking by their primary care provider	By doctors: By nurses:	27% 25%	54% 39%	In 2001, the percentage of current smokers in the NWT was 48.9% and declined to 37.3% in 2012. Even with the marked improvement, the percent of current smokers in the NWT is still higher when compared to the 2012 Canadian rate of 20.7%. In 2009, 39% of survey respondents who were daily smokers reported their nurse had counseled them to quit smoking and 43% reported receiving counseling from their doctor. In 2012-13, improvements were made with 39% reporting receiving counseling from their nurse and 54% reporting receiving counseling from their doctor.
Incidence rate of Diabetes in population aged 45-59 years	10 per 1,000	9.5	-	This data is provided by the Canadian Community Household Survey, which will not release new data again until 2014/15.

Performance Measure	*Baseline*	*2012-13 Target*	*2012-13 Actual*	*Discussion*
Estimated lower limb amputation hospitalization rate (age 40 & over)	4.27 (07/08-09/10 avg.)	-	2.2	Estimates for lower limb amputations are calculated per 1,000 adults 40 years of age and older using a three year average. Lower limb amputations for diabetics over the age of 40 dropped to 3.7 per 1,000 in 2011-12 and to 2.2 in 2012-13. This is a good indicator for measuring success of diabetes programs as persons with diabetes face a considerable risk of lower limb amputation over their lifetime.
Percentage of obese adults in the NWT	27%	25%	26.4%	The baseline for this measure is 27% from 2009/10, which rose marginally to 27.2% in 2011-12. The percentage of obese adults in the NWT in 2012-13 was 26.4%, slightly higher than the target.
Prevalence of smoking (15 years and older)	36%	-	34%	In 2012-13 there was a marked decrease in prevalence of smoking for those 15 years of age and older. This is consistent with the 10 year trend. In 2002, 46% of NWT residents over 15 smoked tobacco.
Prevalence of hazardous drinking (current drinkers, age 15-24)	62%	-	52.1%	The baseline for this measure is from the 2009 NWT Addiction Report. The prevalence of hazardous drinking among current drinkers aged 15-24 decreased from 62% in 2011-12 to 52.1% in 2012-13.

Priority Three

Performance Measure	*Baseline*	*2012-13 Target*	*2012-13 Actual*	*Discussion*
Inpatients injured from falls in hospitals	-	-	2.7	The number of inpatients injured from falls in hospitals fell from three in 2011-12 to 2.7 in 2012-13.
Reduced hospitalization rate due to injury and poisoning	-	-	12	The rate of hospitalizations due to injury and poisonings fell from 13.2 in 2011-12 to 12 in 2012-13.
Number of standards reviewed, developed, and implemented	-	-	4	Seventy-seven continuing care standards have been developed and reviewed since 2011-12. Four were implemented in 2012-13. The Department will implement the remaining standards in 2013-14.
Number of clients receiving homecare in their home community	1973	-	2071	In 2012-13, 2071 clients received care in their community, 168 more than in 2011-12. Being able to provide homecare in the home community allows clients to age in place and reduces travel burden.

Performance Measure	*Baseline*	*2012-13 Target*	*2012-13 Actual*	*Discussion*
Incidence of new active TB cases	2.7 per 10,000	-	1.61	The incidence of new active TB cases fell from 2.5 in 2011-12 to 1.61 in 2012-13. The incidence of TB in the NWT has steadily decreased from 4.88 cases per 10,000 in 1989-1991 to 2.13 in 2010-2012.
Number of NWT residents served by Telehealth	-	1951	1951	The number of NWT residents served by Telehealth rose from 1614 in 2011-12 to 1951 in 2012-13. This indicator is new in 2012-13. The baseline was established using this year's data and targets aim to increase the number of NWT residents served by Telehealth by 5% each year.

Priority Four

Performance Measure	*Baseline*	*2012-13 Target*	*2012-13 Actual*	*Discussion*
Percentage of total biomedical equipment replaced based on recommended life cycles	5%	6%	17.4%	In 2012-13, 17.4% of total biomedical equipment was replaced based on recommended life cycles.
Percentage of total value HSS Centres scheduled for major upgrade or replacement	1.5%	2%	3.6%	The Department has 3.6% of total value HSS Centres scheduled for major upgrade or replacement. This equals approximately 36 million of 1 billion dollars' worth of infrastructure that needs to be either upgraded or replaced.
Percentage of staffing competitions completed within eight weeks	-	-	59.6%	The goal is to complete staffing competitions within eight weeks. In 2012-13, 59.6% of staffing competitions were completed within the target. This is an increase of 13.4% from the previous year. This service is provided by the Department of Human Resources.
Percentage of total bed days as Alternative Level of Care (ALC)	7.9%	7%	8.1%	The percentage of ALC has increased from 6.6% in 2011-12 to 8.1% in 2012-13.
No shows (Specialists)	11%	10%	9.1%	The no shows for Specialists have generally decreased since 2007/08 when the rate was 11.4 %. The current rate, at 9.1%, is not changed from 2011-12. The Department exceeded targeted outcome expectations for 2012-13. No shows waste important resources in a health system already faced with limited resources.
No shows (Family Practitioners & Nurse Practitioners (NPs))	9.8%	9%	12.6%	The no show rate is for Yellowknife and the Sahtu only, as numbers are not yet consistently available from the other HSSAs. The Department continues work on collecting and monitoring no show rates from the remaining HSSAs. No show rates for Family Practitioners and NPs have increased to 12.6%.

Priority Five

Performance Measure	*Baseline*	*2012-13 Target*	*2012-13 Actual*	*Discussion*
MRSA incidence in the NWT	28 new cases per 10,000	-	46.6	MRSA rates have increased from the baseline rate of 28 new cases per 10,000. The number of cases per 10,000 rose to 46.6 in 2012-13 from 31 in 2011-12. In response to the rise in MRSA within communities, the Office of the Chief Public Health Officer issued a public health advisory in October 2012 and re-introduced the Superbug Awareness Campaign in communities where MRSA rates are increasing.
Percentage of employees who indicate they feel supported within their work environment	46%	-	61%	The number of employees who indicated they feel supported within their work environment rose to 61% in 2012-13 from 46% in 2011-12.

Priority Six

Performance Measure	*Baseline*	*2012-13 Target*	*2012-13 Actual*	*Discussion*
Percentage of residents satisfied with overall health services	86%	87%	Data not available	Questionnaires for client satisfaction are done on alternating years; there was no questionnaire done in 2012-13. Historically, residents in the NWT have high levels of satisfaction. In past questionnaires NWT residents consistently rate the services they receive as 'excellent' or 'very good' more than 90% of the time.
Data collected and outcome measures reported on from the strategic plan	N/A	100%	94%	The Department strives to report on all performance measures in *Building on Our Foundation: A Strategic Plan for the NWT Health and Social Services System*. At this time we are able to report on 94% of our system-wide performance measures.
Degree to which mental health and addictions services meet the needs of clients	98%	98%	-	The mental health and addictions survey took place in November 2013 and the results are being analyzed by the Department.

Reporting on Results

STRATEGIC PRIORITY ONE - ENHANCE SERVICES FOR CHILDREN AND FAMILIES

1

Action 1.1: Access to plain language information and material on the Child and Family Services Act and related programs and services.

Deliverable: NWT residents will have access to plain language information and material to assist them in accessing appropriate programs and services.

2011-12: Plain language materials were distributed to help parents receiving services better understand and prepare for the steps ahead.

2012-13 and ongoing: The Department translated materials into official languages and provided plain language materials to clients.

- All plain language information and materials have been developed and are on the Department's website (www.hss.gov.nt.ca). The materials are also available in English, French, Tlicho, Chipewyan and North Slavey on a toll-free phone line (1-855-297-5155). Additional Aboriginal language translations will be available upon request.
- The Department drafted a plain language handbook to support youth who are transitioning out of care into adulthood, to help them navigate resources and services.

- We have also distributed information materials on:
  - *Voluntary Services*
  - *My Child Has Been Apprehended. What Now?*
  - *Plan of Care Agreements*
  - *Dealing with Child Protection Matters in Court*
  - *What Happens to a Child in Care?*
  - *Information for Young People*
  - *What to do if you think a child is being abused or neglected*
  - *Child and Family Services Committees*

Action 1.2: Provide support to communities to establish *Child and Family Services* Committees.

Deliverable: Support communities to initiate at least 20 CFS Committees by 2016.

2012-13 and ongoing: Provide training and support to communities to establish five committees per year where communities have identified willingness and capacity.

- CFS Committees are supported under the *Child and Family Services Act* to facilitate greater community involvement and community level decision making in child protection matters for the lives of children and families. To date, there are no CFS Committees established. Efforts to establish these committees are ongoing.
- Presentations to engage community leadership were delivered to Chiefs and Council and the Health and Social Services Authorities for the following communities: Deline, Fort Good Hope, Colville Lake, Tulita, Fort Providence, Lutsel K'e, Fort MacPherson and Behchoko.
- To facilitate greater community involvement, letters were sent to all Chiefs and Chairs of Community Corporations inviting their participation to develop a CFS Committee for their community.
- The Department continues to travel to communities providing information and training on how to establish a CFS Committee, and how the Committees can help meet community needs at their request.
- In 2013-14, the Department will further review and analyze the role of CFS committees to determine where there continues to be barriers to implementation and where the Department and HSSAs could be providing additional education and support to communities.

Action 1.3: Propose appropriate amendments to the *Child and Family Services* legislative framework.

Deliverable: Within the life of the 17th Legislative Assembly, appropriate amendments to improve the Child and Family Services legislative framework will be developed and proposed.

2011-12: A legislative review was completed.

2012-13: Prepare/propose legislative amendments where appropriate.

- The Department is on track to propose legislative amendments to the *Child and Family Services Act* during the 17th Legislative Assembly. Amendments will address recommendations brought forward by the Standing Committee on Social Programs (SCOSP) in its review during the 16th Legislative Assembly.

Action 1.4: Implement respite support in small communities for individuals and families that have children with disabilities.

Deliverable: There will be a Territorial Respite Model, including standards, policies, procedures, intake assessment tools, and forms.

2011-12: Standards, policies, and procedures were finalized and work began on developing an integrated case management model across the continuum of care.

2012-13: Work with communities to develop a community-based respite program.

- The Department used funds from Health Canada to implement community-based respite programs in Yellowknife, Dettah, N'Dilo, Fort McPherson, and Fort Good Hope, and to increase the hours of home support in Colville Lake.
- The Tlicho Community Services Agency has been allocated funding for personal support worker education and the Beaufort-Delta Health and Social Services Authority for a full-time Home Support Worker (HSW).
- A review of respite services across the NWT has been completed and, as resources become available, the Department will move to implement recommendations from the review.

Action 1.5: Expand the Healthy Family Program.

Deliverable: Ten additional communities in the NWT that offer early childhood intervention initiatives and community level support for families.

2012-13: Expand the Healthy Family Program to two additional communities per year.

- The Healthy Family Program was successfully expanded to Colville Lake, Tulita, Deline, and Fort Good Hope.

Action 1.6: Modernize *Child and Family Services* training available to families, communities, band administrators, and providers.

Deliverable: Families, communities, board administrators, and providers will have access to ongoing training in cultural relevancy and traditional values, conflict resolution, mediation, and child development.

2011-12: The content of the Statutory Child Protection Worker (CPW) training has been modernized and reflects current best practices.

2012-13: Offer seven community training sessions per year.

- Advanced Child Abuse Investigation training was delivered to more than 40 CPWs from across the NWT.
- Adoption training was provided to HSSAs twice in 2012-13.

- The Department delivered presentations on the History of Child Welfare and the current *Child and Family Services* system to Social Work diploma students.
- PRIDE (Parental Resource Information Development Education) was delivered in the Beaufort Delta (Tuktoyaktuk, Inuvik) and the Sahtu (Fort Good Hope) in 2012-13. This training targeted foster parents and potential adoptive parents.
- While the Department provided training to a number of groups and stakeholders, training has not yet been provided to Bands, families, or communities.

Action 1.7: Provide persons with disabilities appropriate access to sustainable programs and services.

Deliverable: Services and care for persons with disabilities will be integrated, to provide a better continuum of care through a comprehensive case management model.

2012-13: Review existing disability-related programs and services including community-based supports, territorial services, and access to specialty out of territory services.

- The Department has not yet completed a review of disability services; however, a review of respite services across the NWT has been completed (see Action 1.4).
- The Department is working with Primary and Acute Care Services to ensure Infant Hearing Screening is implemented across the NWT. Early intervention Audiology and Speech Language Pathology (SLP) services are available for children with hearing loss.

Action 1.8: Provide community education workshops related to the *Child and Family Services Act*.

Deliverable: All communities will have access to workshops to help increase their knowledge and understanding of the *Child and Family Services Act*.

2011-12: The content and format of the workshops were developed.

2012-13: Offer workshops to willing communities.

- This work is currently delayed. The Department will explore options to carry out this commitment.

Action 1.9: Develop information sharing protocols with partners to improve case management.

Deliverable: Information sharing protocols will be in place, to allow work with other departments and organizations to improve coordination of supports and services at both the policy and delivery levels.

2012-13: Develop the protocols.

- This initiative is currently delayed and is expected to resume in the next fiscal year.

Action 1.10: Work with communities to enhance the recruitment of foster parents.

Deliverable: There will be an enhanced Foster Parent Recruitment Plan in place, geared at increasing the number of homes available for foster care placement.

2011-12: The Department, in partnership with the NWT Foster Family Coalition, developed a draft handbook for foster parents with guidance on common issues related to fostering and information about available supports.

2012-13 and ongoing: Ensure there is an enhanced Foster Parent Recruitment Plan in place, geared at increasing the number of homes available for foster care placement.

- The Department worked in partnership with the HSSAs and the Foster Family Coalition to support and recruit NWT Foster Parents. A Contribution Agreement has been signed with the Foster Family Coalition to enhance and support recruitment efforts and training.
- Activities accomplished to date and that are ongoing for recruitment are:
  - The Department prepared and issued public service announcements and newspaper advertisements to promote foster care services in the NWT
  - Foster Family Week is recognized at the government and community levels, and advertised in newspapers, on the radio, and through other media sources
  - Booths were set up in various locations in Yellowknife to raise awareness. Plans are in place to work with other communities to raise awareness in the future.

Action 1.11: Publish plain language Child and Family Service practice standards.

Deliverable: There will be new plain language practice standards to ensure consistent and safe practice.

2011-12: The CFS Standards and Procedures Manual Working Group continue to re-write, update, and revise the CFS Standards and Procedures Manual.

2012-13: Make publicly available.

- The CFS Standards and Procedures Manual is expected to be complete in the spring of 2014.

Action 1.12: Partner with communities to develop culturally appropriate child development and prenatal programming.

Deliverable: Communities will have access to culturally appropriate child development and prenatal programming.

2011-12: The Department worked with service delivery partners to develop culturally appropriate child development and prenatal programming, including pre/postnatal nutrition education, screening, and support for mothers and babies.

2012-13: Implement programs.

- The Department worked in partnership with healthy eating and nutrition professionals to implement culturally appropriate healthy child development initiatives. Collective kitchens and infant feeding classes were piloted in partnership with Healthy Family Programs in six communities over six weeks.
- The British Columbia Perinatal Services form has been adopted for use in the NWT. This tool provides a comprehensive, evidence-based, systematic guide for prenatal assessments and care. The tool will be rolled out to health centres, along with orientation and training, in 2013-14.

Action 2.1: Access to culturally relevant programs, information, and tools to achieve better health outcomes.

Deliverable: effective promotion and prevention programming

2012-13 and ongoing: Establish a target for the number of patients (smokers) that receive a "quit smoking plan" from their primary care provider, incorporate comprehensive prenatal FASD information into ongoing primary care, and develop and pilot projects aimed at weight loss for parents and their children.

- Baseline data has been established for the number of smokers who report being counseled by their primary care giver to quit smoking. In 2009, 43% of patients who smoke were counseled to quit smoking by their doctor, and 38% by a nurse. Improvements were made by both doctors and nurses in 2013, with 54% and 39%, respectively, counseling their patients who smoke to quit smoking.
- Support continues to be provided for families with children affected by FASD and to women who are at risk of drinking during pregnancy including outreach, support groups, and home visits.
- The Nutri-Step screening tool is being used in Yellowknife to identify preschoolers at risk for nutritional concerns. Families identified for additional supports are seen by the community dietitian.
- The *Feeding Young Children* nutrition guidelines/standards for daycares and early learning facilities are being developed and distributed to all Early Childhood Development centers. Training will be provided, along with the complementary toolkit *Healthy Beginnings* (which promotes healthy eating and physical activity for 2-4 year olds). The standards will be completed in the fall of 2013 and the toolkit will be completed by March 2014.
- Regular campaigns to reduce childhood obesity and promote healthy eating continue in 2012-13, such as World Breastfeeding Week and Nutrition Month.

Action 2.2: Ensure access to comprehensive mental health and addictions (MHA) services by: increasing public understanding of MHA, integrating MHA programs into primary community care, improving access to services, and increasing accountability.

Deliverable: Community/Regional specific action plans will be developed, and established referral protocols will be in place.

2011-12 and ongoing: The Department worked with community leadership and residents in the development of community wellness plans, as part of the new Aboriginal Health and Community Wellness Division, to support communities as they move forward with their efforts to focus on local wellness priorities.

2012-13: Create a clearly defined referral process within the MHA system that simplifies access and strengthens coordination.

- A pilot project ran from April 2012 to March 2013 in Fort Good Hope and Fort Simpson. An improvement team made up of approximately a dozen multidisciplinary staff undertook key activities to develop standardized referral and information sharing pathways, trained care providers on use of the new pathways, and implemented the pathways in the pilot communities. The team also prepared a resource toolkit to improve the continuity, quality, and coordination of care. As a result of this pilot, when a patient presents in a health centre or hospital, there are clearly identified processes to direct them to the appropriate service or program.

2012-13 and ongoing: The Department has taken important steps towards the implementation of the *Mental Health and Addictions Action Plan*, such as:

- The Minister's Forum on Addictions and Community Wellness was established to make recommendations on how we can address addictions issues in our communities. From December 2012 to March 31, 2013, forum members traveled to communities in every region to meet with leaders, caregivers, NGOs, and community members to hear ideas about community-based solutions for addictions programming and supports. The forum published a final report making 67 recommendations.
- In 2012-13, the Department worked with 27 NWT communities to develop community wellness plans. Two communities are currently working with the Department to develop a customized plan to identify specific needs for their community, and another community will start their community engagement process in the fall of 2013.
- The Department continues to support Aboriginal communities in providing more on-the-land programming. In 2012-13, eight communities provided on-the-land or similar programming, with the Department investing approximately $144,500.
- Many initiatives were undertaken to improve community capacity and awareness, such as:
  - *Mental Health First Aid (MHFA) training was delivered in Yellowknife, Fort Resolution, Lutsel K'e, and Fort Smith.*
  - *Applied Suicide Intervention Skills Training* (ASIST) training was offered in Tuktoyaktuk, Inuvik, Ulukhaktok, Deline, Tulita, Fort Smith, and Yellowknife
  - *Talking About Mental Illness* (TAMI) was expanded to Yellowknife Catholic Schools and School District #1 through online supports.
  - *My Voice, My Choice* workshops were delivered in Yellowknife, Behchoko, Fort Smith, and Inuvik

- Communication Plans were developed for Mental Health Week, National Addictions Awareness Week, and World Suicide Prevention Day. These plans included plain language materials and public service announcements that described MHA issues and the range of services available – including the Community Counseling Program, NGO partner programs, and specific services such as aftercare.
- The Department continued its work on developing a new *Mental Health Act*. The intent is to modernize the existing *Mental Health Act* to better respect patients and recognize that community involvement promotes healthy families.

Action 2.3: Chronic Disease Management (CDM) model which integrates mental health.

Deliverable: The Department will have a fully integrated CDM model that incorporates care pathways and outcome measures needed to track system quality.

2011-12: The Department worked with the Canadian Foundation for Healthcare Improvement (CFHI) on activities to develop an integrated chronic disease prevention and management model for the NWT. Strategies to address mental health have been developed and implemented.

2012-13: Develop a database to track and monitor NWT residents with chronic conditions.

- Work to develop a database to track and monitor NWT residents with chronic conditions has been delayed. Privacy legislation which is under way will enable this work to be done at a departmental level.

Action 2.4: Improve communications so individuals and families know how and where to access services.

Deliverable: Effective communications with the public.

2011-12: A communication plan and culturally appropriate material related to child and family services was developed in consultation with former clients, NGOs, and providers.

2012-13: To better inform and increase awareness of health and social service programs and services, a new website was launched in September 2012 (www.hss.gov.nt.ca). The site now provides residents with faster and easier access to information on programs and services offered by the Department. Some new features of the site include:

- Easier access to application forms and information resources;
- Feature buttons that link residents to current topics of interest; and
- A social media tool bar that allows residents to bookmark pages and share content on their favorite social networking sites.

In addition, Health and Social Services is the first Department to offer information in all NWT official languages. The Department has several publications in various languages that residents can now easily access.

Action 2.5: Work with other GNWT departments, NGOs, and communities to raise awareness and reduce occurrence of family violence and elder abuse.

Deliverable: Increased awareness of family violence and elder abuse in the communities.

2011-12: The Department established partnerships with NGOs in Yellowknife, Fort Smith and Hay River to deliver programs for children who have been exposed to violence. A partnership was also established with the NWT Seniors Society to educate frontline service providers on the prevention of elder abuse.

2012-13: A social marketing strategy has been developed, along with community-specific protocols to mobilize non-shelter regions during emergencies. Community response teams that will receive training on these protocols have been identified.

Action 2.6: Build community capacity to prevent and respond to suicide risks and other mental health events.

Deliverable: Community capacity to respond to mental health related incidents.

2011-12: ASIST took place in Fort Simpson, Norman Wells, and Yellowknife.

2012-13: ASIST and MHFA workshops were facilitated in a number of communities including Yellowknife, Tuktoyaktuk, Lutsel K'e, Fort Resolution, Tsiigehtchic, Fort Smith, and Inuvik. These programs help people provide effective and competent assistance during an immediate risk of suicide. Feedback forms were collected for the ASSIST and MHFA training to enable the development of a formal evaluation plan.

Action 2.7: In partnership with communities, NGOs, Aboriginal organizations, and other GNWT departments, further implement the Healthy Choices Framework.

Deliverable: Community capacity to deliver appropriate healthy choices initiatives.

2011-12: Several new projects were rolled out aimed at encouraging individuals to make healthy choices including the My Voice, My Choice youth addictions campaign, the Smoke Screening anti-smoking campaign, and Get Active NWT.

2012-13: Partner with NGOs and Aboriginal governments to deliver programs and materials.

- The Department collaborated with other GNWT departments on activities related to drowning prevention, brain injury prevention, and child vehicle safety education.
- A new, more effective addictions social marketing campaign, particularly for youth in small communities, got underway. The new campaign will be launched in the next fiscal year.
- The Department collaborated with the Department of Education, Culture, and Employment to deliver the TAMI program to grade 8 students in Yellowknife. Work continues on expanding the program to communities outside of Yellowknife.
- MHFA instructor training was held in the fall of 2012 in Yellowknife. Regional HSSA staff and community partners attended the training in order to facilitate MHFA in their regions. Regional MHFA workshops were facilitated in the Beaufort-Delta, Sahtu, and in a number of communities, such as Fort Smith, and Yellowknife in 2012-2013. Early attempts to pilot the northern adaptation of the MHFA in Tuktoyaktuk and Fort McPherson were unsuccessful. Fort McPherson is hoping to reschedule this pilot.

- Thirty-eight sexual health "train the trainer" orientation sessions were held in 21 communities. Including 240 teachers, nurses, and community youth workers. The Beaufort Delta, Sahtu, and Dehcho were specifically targeted, with 32 meetings held in 16 communities. This was to ensure that Aboriginal youth in smaller communities would benefit from the initiative.

Action 2.8: Work in partnership and provide support to communities, NGOs, Aboriginal organizations, and other GNWT departments addressing the health and social service related prevention initiatives geared at reducing homelessness and poverty amongst high-risk groups.

- The Department continues to participate in the development of an anti-poverty strategy and action plan, in partnership with NGOs and other government departments. More than 250 residents attended anti-poverty roundtable consultations. Territorial workshops were held in the summer and fall of 2012. Additional consultation activities in 2012-13 included focus groups, personal interviews, and an online survey.
- The Department continues to support the Yellowknife Day Shelter. Though located in Yellowknife, the clientele are predominantly from outside of Yellowknife: 47% from other NWT communities and 20% from outside of the NWT. Many individuals accessing this service are affected by poverty as well as other issues, such as addiction or mental illness.

Action 3.1: Update and modernize the Integrated Services Delivery Model (ISDM) to ensure that residents of the NWT have appropriate access to basic health and social services.

Deliverable: Residents have appropriate access to basic health and social services.

2011-12: A review was completed to identify programs and services, and assess barriers under the existing service delivery model.

2012-13: Building on the initial analysis, work was implemented to identify options and make recommendations on the best mix of staff for each community and region, taking into consideration expanded scopes of practice and the role played by new technology.

- A project charter for a Clinical Services Plan was developed to identify options and make recommendations on the most effective use of health professionals, with an objective of ensuring each professional works to their full scope of practice and in an integrated fashion.

STRATEGIC PRIORITY THREE - DELIVER CORE COMMUNITY HEALTH AND SOCIAL SERVICES THROUGH INNOVATIVE SERVICE DELIVERY

Action 3.2: Develop a Territorial Midwifery Program that would allow patients to access safe, quality service as close to home as possible.

Deliverable: Patients have access to safe, quality midwifery services.

2011-12: A program review and analysis of the NWT Midwifery Program was completed. The review provided a range of evidence-based midwifery models of care.

2012-13: Develop an implementation plan.

- The Department prepared a plan for a phased expansion of midwifery services over the next three business cycles, subject to approval of funding.
- Hay River and the Beaufort Delta have been identified as the target regions for the expansion.
- To ensure clients of the Fort Smith Midwifery Program are receiving high quality, safe care that meets their needs, a client satisfaction survey was conducted. 100% of clients were satisfied with the services they received and said they would use the services again. 99% of clients said their midwife had the skills, knowledge, and experience to provide care for the baby and mother.

Action 3.3: Develop a Territorial Support Network (now referred to as Med Response) based on networks of pooled expertise, to support care providers in the field and provide oversight for medical evacuations and travel. This will include a virtual clinic to ensure ongoing support.

Deliverable: A support centre with experienced staff to provide consultations, make referrals as required, and be the connection to medical travel.

2011-12: A mini support network was piloted during a physician shortage to allow the Hay River emergency department to interact with the Stanton Territorial Health Authority emergency department, using Telehealth technology.

2012-13: Review and assess based on the pilot.

- Based on the pilot, a decision was made and planning continued to phase in the TSN (renamed Med-Response) using the following categories of service:
  - Medical Travel after hours support for patients;
  - Air Ambulance triage and dispatch; and,
  - Urgent clinical support – providing local health providers with access to emergency service providers.

Action 3.4: Provide training and support to allow families to care for individuals and loved ones in their homes, where appropriate. This includes homecare that responds to higher acuity discharged patients, allowing seniors to age in place, and palliative care.

Deliverable: Residents have access to care in their home.

2011-12: The number of trained Home Support Workers (HSWs) was increased to enable the HSSAs increase the hours available to clients. Funding was also put toward training for the HSWs.

2012-13: Implement training.

- A territorial framework and action plan for palliative services is in development. The framework will include provisions for frontline staff training, to allow clients the option to receive services as close to home as possible, and identify resources for specialized out-of-territory consultation and support for frontline staff. A territorial continuing care review is being completed to provide a description of the current state of continuing care in the NWT, including the strengths and gaps in supported living, homecare, long term care, palliative care, and community capacity. The recommendations in the review will be used to develop a strategy for the enhancement and improvement of home and community care services, so we can better support seniors as they age in their communities.

Action 3.5: Partner with communities, voluntary sector, and Aboriginal organizations to develop homecare support for individuals to remain in their homes and home communities for as long as possible.

Deliverable: Residents remain in their homes for as long as possible.

2011-12: Day and meal programs were offered in most HSSAs, as well as respite services provided through the homecare program.

2012-13: Implement training.

- The Department supported the Tlicho Community Services Agency to train 19 Personal Support Workers (PSWs). The PSWs increased regional capacity to allow homecare clients to remain in their homes for as long as possible.
- In collaboration with community stakeholders, such as the NWT Seniors' Society, the Department continued to enhance services for NWT Seniors through many initiatives, such as the Elders in Motion Program, long-term care planning, enhancing homecare services, injury prevenion for seniors, developing new Continuing Care Standards, and promoting awareness and preention of Elder abuse.

Action 3.6: Implement actions and changes required to allow homecare to respond to early discharge from southern hospitals and NWT acute care facilities, as well as assisting seniors to age in place.

Deliverable: Residents remain in their home for as long as possible.

2011-12: The PSW program through Aurora College trained candidates for the position of HSW and Resident Care Aide.

2012-13 and ongoing: Implement actions identified in 11/12.

- The Department increased the hours of homecare to clients from 10 hours a week to 1[illegible] hours a week.
- Long term care is available in Inuvik, Behchoko, Yellowknife, Hay River, and Fort Smith.

- Specialized dementia care is available in Yellowknife and Fort Smith, and extended care is available in Yellowknife.
- The Department is working with the NWT Housing Corporation to address independent living housing needs in NWT communities.

Action 3.7: Ensure that residents of the NWT are protected from injury and disease.

Deliverable: There will be fewer preventable injuries and deaths, and a decrease in the incidence of preventable disease.

2012-13: Produce and publish a comprehensive Territorial Injury Report that will inform the development of strategies to promote and improve injury prevention. Provide support to families for a greater role in controlling infections such as MRSA and TB.

- The NWT Injury Report is being prepared by an inter-jurisdictional working group led by the Department. The report will showcase NWT injury trends, identify risk factors and at-risk populations, and serve as a resource document for informing injury prevention programming through evidence-based strategies. The report is expected to be released in early 2014.
- To improve knowledge sharing and best-practices, the Department worked with the Public Health Agency of Canada and the National Medical Laboratory, as well as the governments of Nunavut, Saskatchewan, Manitoba, and Alberta to share, develop, and evaluate community MRSA interventions. To better standardize treatment and care, the Department developed and implemented clinical practice guidelines and worked with the regional health authorities to enhance frontline health care provider's knowledge of MRSA.
- The Department increased capacity to prevent and treat TB in the NWT by providing specialized training to two communicable disease specialists and one pediatrician. The specialists provide support to frontline clinical staff on the treatment and case management of all TB cases in the NWT. Improved education, vigilance, and treatment resulted in 100% of all TB cases in the NWT being successfully treated in 2012-13. Work began on a new TB Standards Manual to ensure Health Authorities provide consistent, high quality TB treatment across the NWT.

Action 3.8: Build capacity to ensure that residents of the NWT are protected from injury and disease, including the capacity to control infections such as MRSA and TB.

Deliverable: Community capacity to deliver injury prevention strategies.

2012-13: Work in partnership with communities and NGOs to develop strategies to respond to and prevent injury and disease. Work with communities and other government departments to review and enhance emergency planning.

- A review was completed and recommendations made to improve the health and social services system's response to emergency infectious disease outbreaks.
- The Department is currently updating the pandemic plan for the health system to reflect lessons learned during the H1N1 pandemic, changes to the *Canadian Pandemic Influenza Plan*, and other federal/provincial/territorial health emergency management arrangements.

- The Department continues to work closely with communities to control MRSA and educate residents about the issue and precautionary measures they can take. The Department is working with other government departments and community leaders to develop health promotion and education campaigns. In October 2012, the Department and HSSAs re-introduced the *Superbug Awareness Campaign* in communities where MRSA cases were increasing. The Department also worked with HSSAs on community mobilization campaigns to respond to the increase in MRSA in identified communities.
- The Department hosts ongoing community/regional TB educational workshops in partnership with HSSAs. In 2012-13, site visits were also made to Fort Simpson and Behchoko.

Action 3.9: Integrate and modernize consistent standards, policies, best practices, and decision making tools across the system. May include Community Health Nursing standards, management of chronic disease, renal dialysis, and continuing care and long term care standards.

Deliverable: Existence of updated standards, policies, and tools.

2011-12: 77 new continuing care standards were developed and a workshop was held with HSSA staff and policy makers to review the draft standards. Long term care staffing standards have also been completed.

2012-13: Identify resources required and develop a staged approach to complete the work.

- The Joint Leadership Council directed that clinical governance be a priority for the Department.
  - In the spring of 2013, the NWT Clinical Standards Steering Committee, to be led by the Chief Clinical Advisor, was created with membership from the Department, the HSSAs, the Medical Directors Forum, and the Nursing Leadership Forum. The Committee will provide a formalized, multifaceted approach for the review and approval of standards, protocols, and guidelines.
  - A joint steering committee, along with two territorial working groups, was created to oversee the revision of the *NWT Community Health Nursing Program Standards and Protocols* and the *NWT Clinical Practice Guidelines for Primary and Community Care Nursing*. The first priority is to provide a standard on Healthy Child Development.
- The NWT Community Health Centre Formulary, which guides the stocking and administration of medication in community health centres, is in the final stages of revision and is scheduled to be published in the next fiscal year.
- Ongoing consultation continues with the HSSAs to finalize the Continuing Care Standards. These are program standards for homecare, long term care, and supported living. The Department has created a three year implementation and action plan for establishing policies to put the Standards into force.

Action 3.10: Continue to use technology such as Telehealth, DI/PACs, and electronic health records to improve access to specialists and connect patients and local care providers with a virtual team to enable service delivery in home communities.

Deliverable: Improved access to specialists.

2011-12: Development of a comprehensive Information Technology Strategic Plan was delayed.

2012-13: Identify resources and actions and begin implementation.

- The Informatics Strategic Plan is expected to be complete by the end of 2013-14 fiscal year.
- Technology investments have improved client access to specialized services through innovative service delivery, such as expanding psychiatry services using TelePsychiatry.
- The interoperable Electronic Health Record (iEHR) provides a summary view of a patient's key medical information (demographics, all NWT lab results, hospital event history). The iEHR is available in all 33 communities.
  - *Release 4* is the newest version recently implemented. It includes easier secure access for practitioners and additional clinical reports.
  - Access to the iEHR is available for all NWT clincians who need to have access to the information. Over 500 users currently have access and additional requests are received on an on-going basis.
- DI/PACS is available everywhere that digital imaging services are offered, including Stanton Territorial Hospital and Inuvik Regional Hospital, Hay River, Fort Smith, Behchoko, Fort Simpson, Deline, Norman Wells, Tulita, Fort Good Hope, Fort Resolution, Fort Providence, Whati, Gameti, Fort Liard, Lutsel K'e, Paulatuk, Fort McPherson, Aklavik, Sachs Harbour, Ulukhaktok, and Tuktoyaktuk.
  - An important technology upgrade for DI/PACS was completed, making it possible for health care professionals that are not radiologists (non-specialists) to share images between systems and providers – ultimately saving time and improving patient outcomes.
- The Lab Information System and TeleSpeech projects are completed and these systems are now important components of the NWT health and social services system.
- A territory-wide EMR project is underway which will increase quality of care and patient safety, and enable improved health outcomes by transforming the way information is captured, integrated, and shared between clinical providers. The EMR will connect all NWT hospitals and health centres in one system and is the first project of its kind in Canada.

Action 4.1: Provide appropriate access to services through a comprehensive and modern GNWT medical travel policy and program.

Deliverable: Clients receive appropriate access to medical travel.

2011-12: Based on the findings and recommendations from the most recent Territorial and Pan-Territorial medical travel reviews, work started on updating the Medical Travel Program and the overall policy.

2012-13: Standards/policy development regarding escort support, patient per diems, translation, efficiencies, and medical evacuations.

- A thorough review was completed on medical travel practices, protocols, and procedures to inform the development of standards.

STRATEGIC PRIORITY FOUR - ENSURE ONE TERRITORIAL INTEGRATED SYSTEM WITH LOCAL DELIVERY

- A partnership was developed with Alberta Health Services to allow all NWT Air Ambulance flights to begin landing at the Edmonton International Airport.
- Work started on a new Air Ambulance request for proposal (RFP). The Air Ambulance RFP will be issued in the 2013-14 fiscal year.
- This project has been delayed, due in part to the need to focus efforts on the transfer of Air Ambulance flights to the Edmonton International Airport.

Action 4.2: Establish appropriate governance and accountability structures through role clarification, appropriate financial and accountability agreements, and grants and contribution programs.

Deliverable: Appropriate governance and accountability structures are in place.

2011-12: The Department updated the contribution agreements with HSSAs, enhancing reporting and monitoring requirements.

2012-13: Establish best practices and revise existing policies. Deliver training for service delivery partners.

- Work was done to update the Financial Chart of Accounts used by the HSSAs to ensure appropriate, consistent use of the accounts by all HSSAs. This will improve data quality and consistency across the system, allowing for standardized system-wide financial reporting.
- A review of the Department's Contribution Policy has been initiated. An updated Contribution Agreement template, for use when entering into agreements with NGOs and other partners, has been drafted and is under review. Expected completion date is end of 2013-14 fiscal year.
- As part of the work on governance the Department, with the support of the JLC, is taking immediate steps towards management of physicians as a territorial resource. This includes setting up a territorial physician pool, moving to one system for credentialing, and being able to supply physicians to communities in emergency situations.

Action 4.3: Establish an NWT system governance and accountability structure to ensure system leadership, risk management, and accountability which links with the GNWT and ensures a one system approach.

Deliverable: Public reporting on system accountability.

2011-12: A Collaborative and Consolidated Services Study was undertaken, and work began on developing options for a governance structure to promote effectiveness and efficiency, and allow residents to have a voice in health quality improvement.

2012-13: Establish best practices, revise existing policies and implement.

- In September 2012, the Department received a final report on collaborative and shared services ("back office") conducted by external consultants. Recommendations from the report were in key priority areas, including procurement, finance, and information technology and systems. Work is underway to address these recommendations.
- Work was initiated to develop an accountability framework and evaluation plan for the NWT health and social services system.

- The JLC made a recommendation to define what is meant by operating as "one territorial integrated system with local delivery" *(Building on Our Foundation 2011-2016: a Strategic Plan for the NWT Health and Social Services System).*

Action 4.4: Support Human Resources in developing a comprehensive recruitment plan for the health and social service system, including a service level agreement for recruitment and retention processes and activities that clearly set out roles and responsibilities, timelines, and services to be delivered.

Deliverable: Service level agreements are in place.

2011-12: Work began on a draft Service Partnership Agreement. Initial focus was on recruitment and retention activities. The agreement clearly outlined roles and responsibilities for staff in both Departments, and identified service delivery targets.

2012-13: Service level agreement between human resources and the health and social service system.

- The Department of Health and Social Services worked with the Department of Human Resources to finalize a draft Service Partnership Agreement effective in October 2012. This agreement provides an opportunity to improve and ensure consistent levels of human resource service, and identifies benchmarks and targets for human resource service delivery. Both Departments will evaluate whether the agreement outlines the appropriate allocation of roles and responsibilities, and determine what success human resources programs are having in meeting targets.

Action 4.5: Develop and implement appropriate governance and accountability structures for medical travel, linked with back office service delivery.

Deliverable: Improved economic stability and patient experience.

2012-13: Redesign protocols for care and treatment, called 'clinical care pathways', based on best practice to help patients move seamlessly through the system.

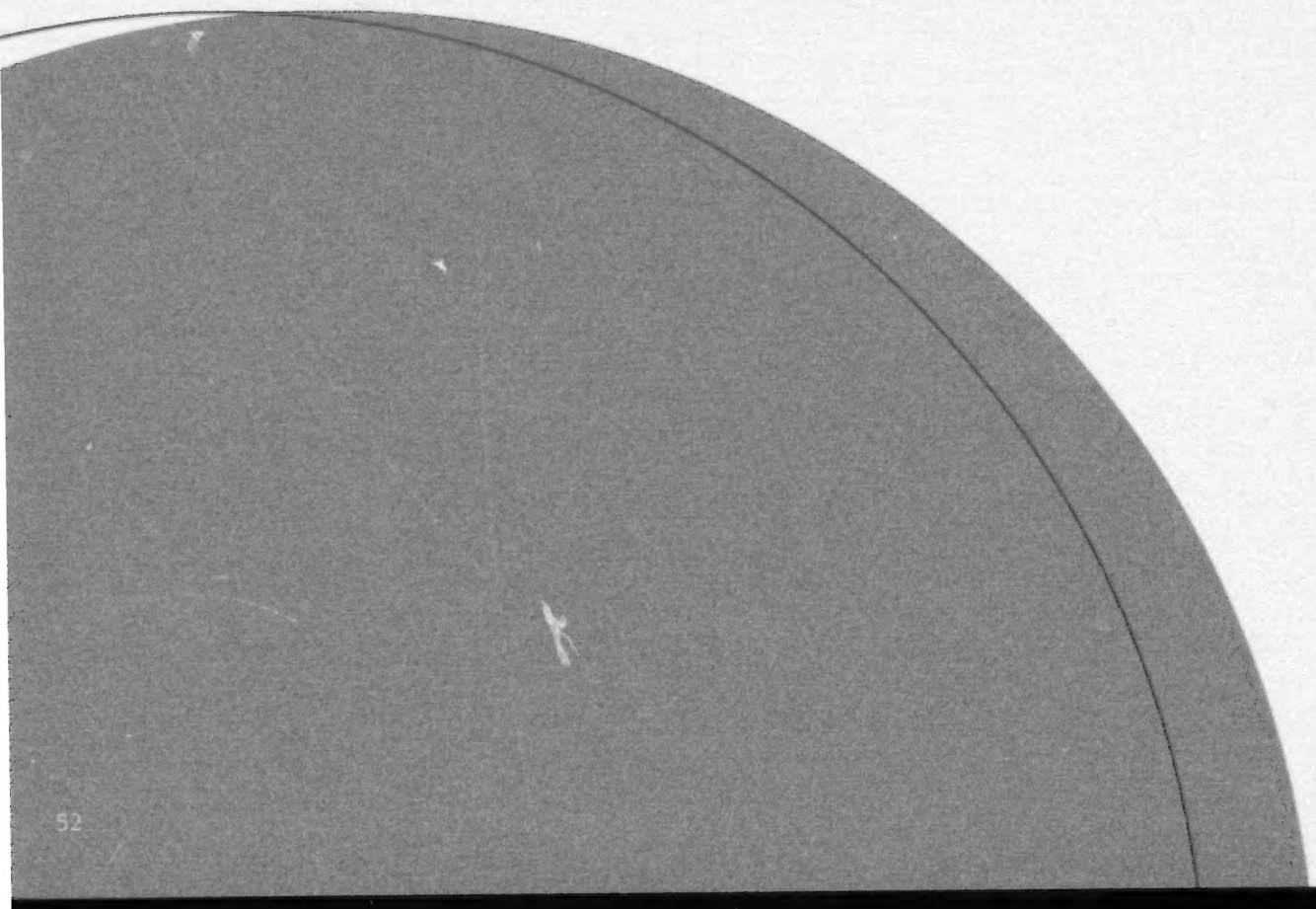
- The Department received a consultant report which maps out shared services (back office) opportunities and priorities. The report provides guidance on possible high level governance options for top priority Shared Services initiatives.
- The Department created the Division of Shared Services and Innovation to manage and lead this work.
- New data tools were planned, including a real-time dashboard, to improve data quality, guide program management, and identify system efficiencies.

Action 4.6: Enact a modern legislative framework that supports the mandate of the NWT health and social services system.

Deliverable: A modern and updated legislative framework.

2012-13 and Ongoing: Over the life of the 17th Legislative Assembly, develop, review, and propose amendments/updates to the *Umbrella Health and Social Services Profession Act*, including Regulations, the *Mental Health Act, Hospital Insurance and Health and Social Services Administration Act*, the *Medical Care Act*, and the *Health Information Act* and Regulations.

During the 17th Legislative Assembly, the Department has taken on a substantial legislative agenda that includes: developing a new *Health Information Act* and a new umbrella licensing *Health and Social Services Professions Act;* updating our governance and insured services legislation; replacing our dated *Mental Health Act;* making significant amendments to our *Child and Family Services Act* in response to recommendations brought forward by the SCOSP during the 16th Legislative Assembly; and amending our *Dental Profession Act*. We are on target for year two in our strategic plan and have also now begun work on new ground ambulance standards legislation. For more information on the Department's progress on its legislative framework, refer to Appendix 4.



Action 4.7: Use infrastructure planning to ensure modern, safe facilities and that medical and other equipment meet current infection control standards to promote efficient service delivery.

Deliverable: Facilities are renovated according to budget, and medical equipment meets approved standards.

2012-13 and ongoing: Support for information technology, biomedical equipment, small capital equipment, and ongoing renovations and upgrades to facilities.

- Construction is ongoing on the long term care facility in Behchoko. Phase I is scheduled for completion in 2013-14.
- Design and construction is underway for the Hay River Health Centre.
- Design is underway for the Fort Providence Health Centre.
- Planning was completed for the Norman Wells Health and Social Services Long Term Care Centre.
- Phase I renovations were completed for the Fort Smith Health Centre with Phase II underway.
- Planning Studies are underway for the Fort Resolution and Lutsel K'e Health Centers.
- Medical Equipment Evergreening Program replaced: endoscopy equipment, operating microscope, plasma thawer, anesthesia equipment, clinical chemistry analyzers, and physiological monitoring systems.
- The Northern Lights Long Term Care Facility was completed in Fort Smith.
- The Hay River Reserve Wellness facility was completed.
- Endoscopy renovations were completed in the H.H. Williams Hospital in Hay River.
- Ongoing business supporting this activity includes continued strategic investment into critical and acute care facilities, to meet standards related to infection control and allow for ongoing delivery of effective and safe patient care.

STRATEGIC PRIORITY FIVE - ENSURE PATIENT/ CLIENT SAFETY AND SYSTEM QUALITY

Action 5.1: Ensure that individuals and families are informed of their role in accessing treatment and care, and the role of family in supporting individuals undergoing treatment or care.

Deliverable: Individuals and families are provided with appropriate information on treatment and care.

2011-12: Consultations took place regarding content, cultural relevance, and context for a *Caregivers Guide* which will include information for people who are or anticipate becoming caregivers, and information on palliative care and the role of the family.

2012-13: Develop regional supports for palliative care.

- The Department participated in meetings and information sessions with the Canadian Partnership against Cancer and the Canadian Hospice Palliative Care Association regarding their respective initiatives *Palliative and End of Life Care* (PEOLC) and *The Way Forward: moving towards community-integrated hospice palliative care.* These meetings will assist in the planning and implementation of the NWT Palliative Care Framework.
- The NWT Palliative Care Framework is being developed with input from multiple health and social services disciplines and the HSSAs. Three key priorities were identified: education support, consultation with experts, and developing territorial standards. Estimated completion date is March 31, 2014.
- All plans for new or renovated LTC facilities include one palliative care bed.
- The Elders Council at Stanton Territorial Hospital is discussing the development of an Aboriginal Traditional Care approach for palliative care services.

Action 5.2: Enhance retention of qualified staff by working with communities and partners to ensure that front line health and social services workers are provided with a safe and welcoming environment in which to work and live.

Deliverable: Increased staff retention

2012-13 and ongoing: Enhance retention of qualified staff.

- A number of employees completed *Safestart*, an occupational safety program. Staff orientation programs are also offered across the health and social services system.
- Feedback was collected from staff to help inform initiatives aimed at improving staff safety and retention. In addition, key indicators such as the length of time to staff a position, overtime rates, and absenteeism rates are tracked and monitored.
- Training was provided across the HSSAs on Non-Violent Crisis Intervention techniques. The Department has zero tolerance for any behaviour that may cause physical or emotional harm to staff.

Action 5.3: Develop and implement a pharmaceutical strategy to improve management of drugs and other pharmaceuticals.

Deliverable: A pharmaceutical strategy is developed and implemented to reduce costs and increase efficiencies.

2011-12: The Department contracted Alberta Blue Cross to identify drug benefit management options for cost savings, and formulary management options within the GNWT Extended Health Benefits Programs. Recommendations from this report will be one source of information used to develop an NWT Pharmaceutical Strategy.

2012-13: The Pharmaceutical Strategy work was delayed and will resume in the next fiscal year.

Action 5.4: Improve territorial standards for prevention and control of infections in health-care facilities. Build system capacity and oversight.

Deliverable: Health care facilities nave improved infection control standards.

2012-2013: Define minimum competencies and skill sets for practitioners. Review and modernize existing infection control standards and standards for sterilization. Implement a surveillance system for reportable infections, and develop and implement a reporting and compliance mechanism.

- A new NWT Infection Prevention Control Manual was released in 2012. It contains all the standards of practice required by health care facilities to prevent and control the spread of infectious diseases. The manual has been distributed throughout the NWT. HSSAs have a lead responsibility to implement and audit these standards within their facilities and clinic/services settings.

Action 5.5: Complete and implement an accountability framework for patient safety across authorities to ensure ongoing improvement of patient care.

Deliverable: A reporting mechanism that ensures ongoing quality improvement and best practices.

2012-13: Review of best practices. Develop and implement a reporting and information sharing mechanism.

- An NWT Patient and Client Safety Project Charter was approved by the JSMC.
- A system scan was conducted to determine current best practices and identify gaps in patient safety in the NWT.
- A literature review was conducted to identify key resources that will help inform the development of the Framework.
- Members of the Canadian Patient Safety Institute and the Health Quality Council of Alberta were consulted to share their experience and expertise.
- Two patient representatives were recruited to participate on the Patient Safety Working Group.

STRATEGIC PRIORITY SIX - OUTCOMES OF HEALTH AND SOCIAL SERVICES ARE MEASURED, ASSESSED, AND PUBLICLY REPORTED

6

Action 6.1: Monitor and report on client and patient satisfaction with their access to and experience with the health and social services system.

Deliverable: Increased accountability reporting to the public through ongoing client satisfaction surveys.

2012-13: Ongoing client satisfaction surveys and reporting on results.

- Client satisfaction with health services is reported on every two years. The last report was published in 2012. Of the 1749 clients surveyed, 92% rated overall care as 'excellent' or 'good' and 89% found it easy to access services.
- Client satisfaction with MHA services will be surveyed every two years with a report due in early 2014.

Action 6.2: Improve monitoring and reporting of information.

Deliverable: Health and Social Services System Annual Report

2012-13: Ongoing public reporting of the performance results of the NWT health care system

- Approximately 44 actions and 36 performance measures are reported on annually in the Department of Health and Social Services Annual Report: *Measuring Success and Focusing on Results*.
- The Department is developing an Accountability Framework and System-Wide Risk-Based Evaluation Plan for the NWT health and social services system.
- We are also working with the HSSAs to develop an Accountability Framework for Patient/Client safety across the system to ensure ongoing quality improvement in patient care.

Action 6.3: Address the data compatibility issue and increase capacity for data collection, analysis, monitoring, and reporting. This will allow the Department to monitor the performance of the system and publicly report.

Deliverable: Outcomes are measured, assessed, and publicly reported on.

2012-13: The Department will develop a program evaluation plan that will have a risk-based lens and tie into the Department's Risk Management Plan.

- Work continues on developing an Accountability Framework and System-Wide Risk-Based Evaluation Plan.
- Key stakeholder interviews and an environmental scan have been completed and were used to shape a comprehensive gap analysis report. Key objectives of the report were to establish a common understanding of terminology, definitions, and the accountability framework intent. The gap analysis provided the Steering Committee and the project team with a solid understanding of the current state of accountability and performance measurement for the NWT health and social services system. It identified gaps that exist between the current state and potential future state of the system.

Financial Highlights

In 2012-13, the Department spent $372 million (Table 1). Over $247 million (66%) went directly to HSSAs under Core Funding Contribution Agreements (Table 2).

Tabe 1 - 2012-2013 Expenditures by Activity *(thousands of dollars)*

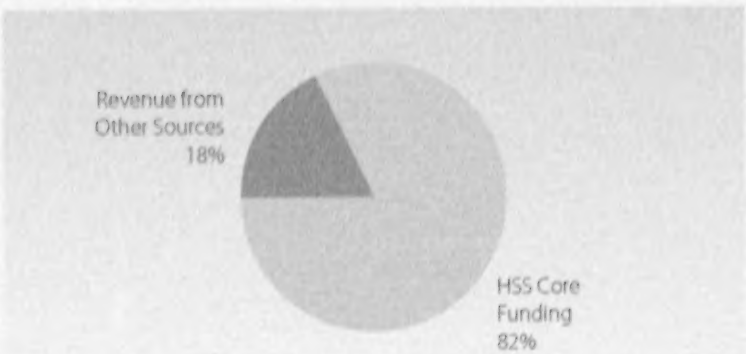
Area	***Actuals***
Directorate	7,991
Program Delivery Support	40,053
Health Services Programs	202,717
Supplementary Health Programs	28,713
Community Wellness and Social Services	93,513
Total	***372,987***

In 2012-13, the HSSAs spent $308 million – almost $6 million more than funds available, resulting in a $5.8 million net operating deficit (Table 3). Per Graph 1, 82% of HSSA revenues flow from the Department. The remaining 18% flows from other sources, such as client co-payments and third party billings.

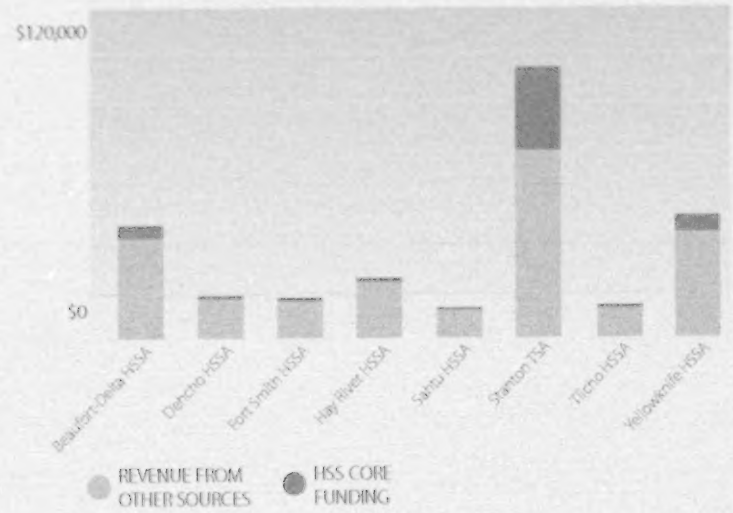
Table 2 - Health Authority Funding 2012-2013

Authority	*HSS Core Funding*	*Revenue from Other Sources*	*Actual Total Revenue*
Beaufort-Delta HSSA	42,154,135	6,179,947	48,334,082
Dehcho HSSA	16,761,360	1,436,545	18,197,905
Fort Smith HSSA	16,028,391	1,089,025	17,117,416
Hay River HSSA	24,300,037	1,624,785	25,924,822
Sahtu HSSA	11,593,631	1,162,563	12,756,194
Stanton THA	79,618,599	35,156,668	114,775,267
Tlicho CSA	12,193,030	1,200,805	13,393,835
Yellowknife HSSA	44,840,000	6,837,576	51,677,576
Total	***$247,489,183***	***$54,687,914***	***$302,177,097***

Graph 1 - HSS Core Funding vs Revenue from Other Sources



Graph 2 - Actual Total Revenues (In 000'S)



In 2012-13, seven of the eight HSSAs incurred annual operating deficits. At March 31, 2013, all HSSAs were in an accumulated deficit position, totaling over $19 million, not including the $14.9 million in unfunded employee leave and termination benefit (ELTB) liabilities.

Table 3 - Health Authority Final Results

	Revenue	Expenses	Operating Surplus / (Deficit)	Accumulated Surplus/(Deficit)*
Beaufort-Delta	48,334,082	49,072,000	(737,918)	(3,571,186)
Dehcho	18,197,905	18,806,022	(608,117)	(1,251,659)
Fort Smith	17,117,416	17,833,437	(716,021)	(1,519,268)
Hay River	25,924,822	27,720,492	(1,795,670)	(2,859,183)
Sahtu	12,756,194	13,131,470	(375,276)	(247,604)
Stanton	114,775,267	116,214,448	(1,439,181)	(9,570,321)
Tlicho	13,393,835	13,384,024	9,811	(13,299)
Yellowknife	51,677,576	51,778,037	(100,461)	(117,675)
Total	***302,177,097***	***307,939,930***	***(5,762,833)***	***(19,150,195)***

** Does not include unfunded ELTB of $14.9 M*

The 2012-13 net operating deficit of $5.8 million represents less than 2% of the total budget for the HSSAs. This has not significantly increased over the 2011-12 deficit of $5.2 million. The Department continues to take steps to reduce this annual net deficit, including analysis of potential funding shortfalls and opportunities for system efficiencies through innovation and shared services. Despite these efforts, reducing the accumulated $19.1 million deficit will take time.

Human Resources continues to be the most significant cost to the HSSAs, with 1,318 active positions in 2012-13 (not including 77.5 physician positions). Expenditures for staffing, including physicians, totaled almost $206 million in the HSSAs - approximately 67% of total expenditures.

Table 4 - Compensation by HSSA

Authority	*Total Expenditure**	*Total Expenditure on Compensation*	*Total Other Expenditure*	*%*
Beaufort-Delta HSSA	$49,072,000	$39,350,275	$9,721,725	80.19%
Dehcho HSSA	$18,806,022	$13,847,052	$4,958,970	73.63%
Fort Smith HSSA	$17,833,437	$13,800,065	$4,033,372	77.38%
Hay River HSSA	$27,720,492	$23,484,485	$4,236,007	84.72%
Sahtu HSSA	$13,131,470	$8,769,560	$4,361,910	66.78%
Stanton THA	$116,214,448	$68,022,592	$48,191,856	58.53%
Tlicho CSA	$13,384,024	$8,582,055	$4,801,969	64.12%
Yellowknife HSSA	$51,778,037	$29,873,953	$21,904,084	57.70%
HSSAs Total*	***$307,939,930***	***$205,730,037***	***$102,209,893***	***66.81%***
Department	***$120,748,309***	***$19,962,712***	***$100,785,597***	***16.53%***
HSS System Total*	***$428,688,239***	***$225,692,749***	***$202,995,490***	

**including revenue from other sources for HSSAs*

Graph 3 - Compensation Expenditure

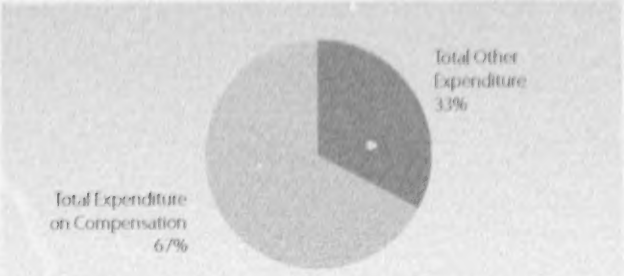


Table 5 - 2012-2013 Active Positions *(per the 2013-2014 Main Estimates)*

	Indeterminate Full Time	Indeterminate Part Time	Total
Beaufort-Delta HSSA	210	15	225
Dehcho HSSA	84	8	92
Hay River HSSA	153	25	178
Fort Smith HSSA	90	9	99
Sahtu HSSA	65	5	70
Stanton THA	358	40	398
Tlicho CSA	78	14	92
Yellowknife HSSA	147	17	164
Sub Total	***1,185***	***133***	***1,318***
Department	149	-	149
Total	***1,334***	***133***	***1,467***

Medical Travel, administered by Stanton Territorial Health Authority (STHA), remains a significant cost-driver for the system. Expenditures for Medical Travel totaled $30.7 million in 2012-13. STHA recovered $12.4 million of these expenditures from co-payments, third party insurers, and other supplementary health programs including the Extended, Indigent, and Métis Health Benefit programs. The net cost to the GNWT was $18.3 million, $3.2 million of which was available due to federal Territorial Health System Sustainability Initiative Funding.

This past year, the Department spent almost $19 million for residential care placements in southern facilities for NWT residents to access services not available within the NWT. This includes services for residents with specialized cognitive or physical care needs. As the number of residents requiring these services has increased, so have the complexity of services required and the resulting costs of those placements. The annual percentage increase has grown in each of the past four years. Total expenditure in 2012-13 increased 18% from 2011to 2012. It is expected that these out-of-territory placement expenditures will grow again in 2013-14.

APPENDICES

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Reporting on the Medical Care Plan

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Appendix 1
Reporting on the Medical Care Plan

Under the *Medical Care Act*, the Minister of Health and Social Services is obligated to table a report on the operations of the Medical Care Plan. This appendix fulfills this reporting obligation. Although there is no similar legislative requirement to report on the Hospital Insurance Plan, information on this plan is included as it contains important medical services that residents may receive.

NWT Health Care Plan

Residents registered with the NWT Health Care Plan (NWTHCP) are eligible for:

- insured hospital services under the Hospital Insurance Plan established under the *Hospital Insurance and Health and Social Services Administration Act* (HIHSSA); and
- insured physician services under the Medical Care Plan established under the *Medical Care Act* (MCA).

The Department administers both of these Acts in accordance with the program criteria required by the *Canada Health Act*. The plan is publicly administered, benefits are universal and comprehensive, and residents are able to move freely (are portable) to access services that are medically required. The GNWT Medical Travel Policy provides assistance to residents who require insured services that are not available in their home community.

Eligibility for the NWTHCP is assessed in accordance with guidelines that are consistent with interprovincial agreements on eligibility and portability. As of March 31, 2013, there were 42,786 individuals registered with the NWTHCP.

Insured Physician Services

Services provided under the MCA are medically necessary services provided by a physician in an approved facility. Some examples include:

- diagnosis and treatment of illness and injury;
- surgery, including anaesthetic services;
- obstetrical care, including prenatal and postnatal care; and
- eye examinations, treatment, and operations provided by an ophthalmologist.

Physicians must be licensed under the *Medical Profession Act* in order to practice in the NWT. On March 31, 2013, there were 444 physicians, mostly locums, licensed to practice in the NWT.

The Minister of Health and Social Services appoints a Director of Medical Insurance to administer the MCA and its regulations. The Director prepares a tariff of insured services which itemizes benefits payable for services provided on a fee-for-service basis for the Minister's approval. The Director also has the authority to enter into agreements for the delivery of insured services that are not on a fee-

for-service basis. Almost all physicians in the NWT provide their service by contract rather than by fee-for-service. The Director is required to prepare an annual report on the operations of the medical care plan for the Minister.

During the reporting period, over 41 million dollars was spent on insured physician services provided to residents within the NWT.

Insured Hospital Services

HSSAs are responsible for delivering inpatient and outpatient services to residents in hospitals and health centres. Contribution agreements between the Department and the HSSAs fund the services they provide. Allocated amounts are determined through the GNWT budgetary process.

During the reporting period, insured hospital services were provided to inpatients and outpatients in 27 health facilities throughout the NWT, costing approximately 73 million dollars.

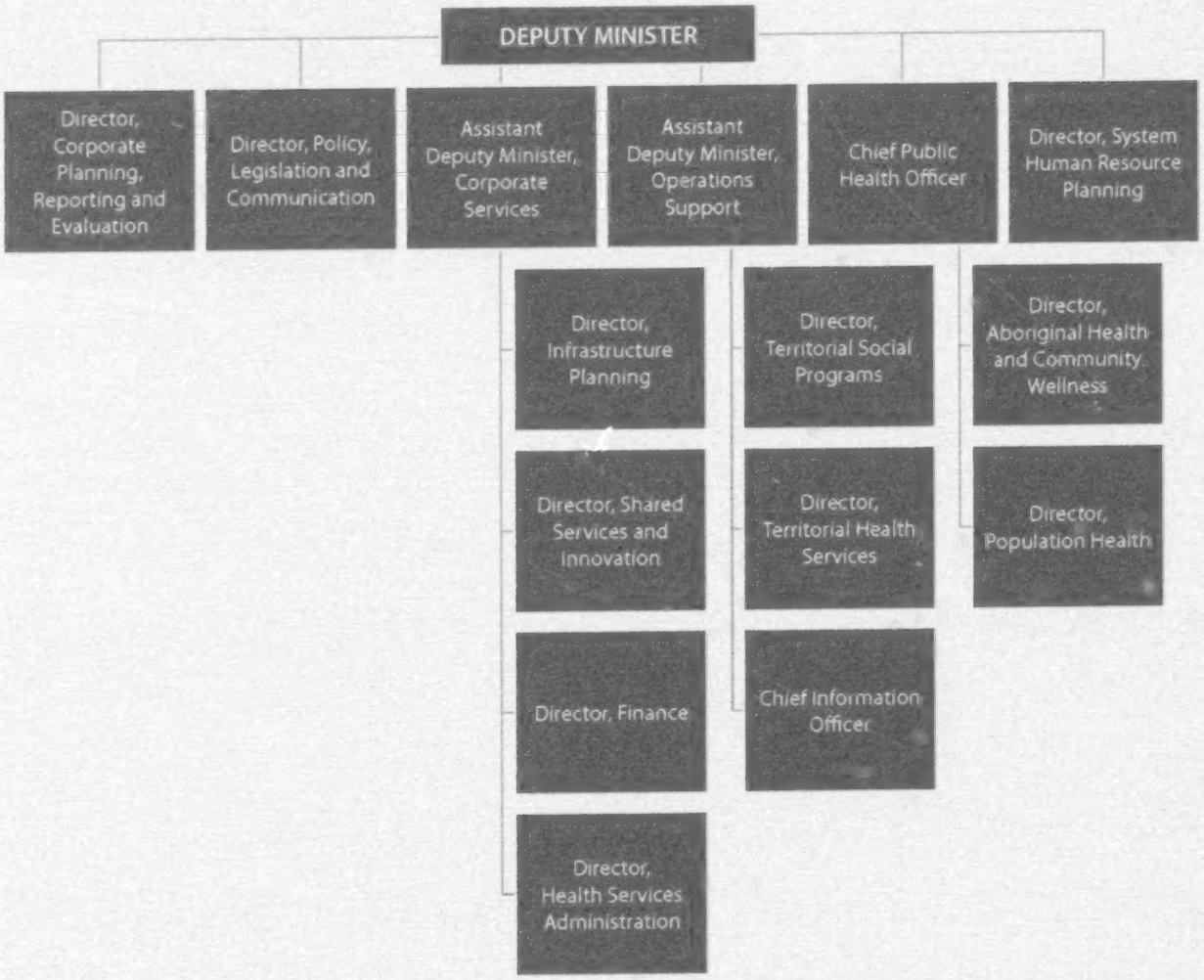
HIHSSA definitions of insured inpatient and outpatient services are consistent with those in the *Canada Health Act*. The NWT provides the following:

- Insured inpatient services, meaning:
  - *accommodation and meals at the standard or public ward level;*
  - *necessary nursing services;*
  - *laboratory, radiological, and other diagnostic procedures together with the necessary interpretations;*
  - *drugs, biological, and related preparations when administered in the hospital;*
  - *use of operating room, case room, and anaesthetic facilities;*
  - *routine surgical supplies;*
  - *use of radiotherapy facilities;*
  - *use of physiotherapy facilities;*
  - *services rendered by persons who receive remuneration for those services from the hospital; and*
  - *services rendered by an approved detoxification centre.*
- Insured out-patient services, meaning:
  - *laboratory, radiological, and other diagnostic procedures together with the necessary interpretations (not including simple procedures done in a doctor's office);*
  - *necessary nursing services;*
  - *drugs, biological, and related preparations when administered in the hospital;*
  - *use of operating room, case room, and anaesthetic facilities;*
  - *routine surgical supplies;*
  - *use of radiotherapy facilities;*
  - *use of physiotherapy facilities; and*
  - *services rendered by persons who receive remuneration for those services from the hospital.*

Reciprocal billing arrangements with other jurisdictions are in place so that NWT residents with a valid NWTHCP do not have to pay out of pocket if they access medically required inpatient or outpatient services in these jurisdictions. During the reporting period, almost 20 million dollars was paid to approved facilities outside of the NWT for the treatment of NWT residents.

Appendix 2
Organizational Chart

Department of Health and Social Services, September 2013


DEPUTY MINISTER
Director, Corporate Planning, Reporting and Evaluation
Director, Policy, Legislation and Communication
Assistant Deputy Minister, Corporate Services
Assistant Deputy Minister, Operations Support
Chief Public Health Officer
Director, System Human Resource Planning
Director, Infrastructure Planning
Director, Shared Services and Innovation
Director, Finance
Director, Health Services Administration
Director, Territorial Social Programs
Director, Territorial Health Services
Chief Information Officer
Director, Aboriginal Health and Community Wellness
Director, Population Health

Appendix 3
Major Publications

To ensure that the health and social services system is accountable to NWT residents, the Department produced a number of reports in 2012-13, including *A Shared Path Towards Wellness: Mental Health and Addictions Action Plan 2012/2015.*

2012-13 Reports

- *Measuring Success and Focusing on Results* - NWT Health and Social Services System 2011/2012 Annual Report
- 2012 Health Care Services Client Satisfaction Questionnaire
- NWT Midwifery Options Report
- Let the Tree Grow, Not Cancer - Report on the Fort Good Hope Community Cancer Sharing Session
- It's Never too Late to Start - Report on the Fort Resolution Community Cancer Sharing Session
- Reducing the Sodium Intake of Canadians: A Provincial and Territorial Report on Progress and Recommendations for Future Action
- A Shared Path Towards Wellness - *Mental Health and Addictions Action Plan 2012 - 2015*

Brochures and Fact Sheets

- Stop TB - What Do I Need To Know?
- Smoking Cessation Aids
- Department of Health and Social Services System Navigator
- Documents for Your New Baby
- Fort Good Hope Community Cancer Information
- Superbugs in the NWT - Protect Yourself!
- Skin Infections - Frequently Asked Questions
- Scabies - Frequently Asked Questions
- Seniors Program Extended Health Benefits
- Métis Health Benefits
- Specified Disease Conditions Program Extended Health Benefits
- Success in Early Childhood - How do we get there?
- HIV in the NWT
- NWT Clinician's Desk Reference (HIV)
- Influenza Immunization for Pregnant Women, Breastfeeding Women and Families with Newborns
- Mental Health - Where to get help in the NWT

- Voluntary Services
- My Child Has Been Apprehended. What Now?
- Plan of Care Agreements
- Dealing with Child Protection Matters in Court
- What Happens to a Child in Care?
- Information for Young People
- What to do if you think a child is being abused or neglected
- Child and Family Services Committees

Official Languages

The Department strives to produce and disseminate public information in as many official languages as possible.

The Department worked with the Francophone Affairs Secretariat and the HSSAs to implement the *Government of the Northwest Territories Strategic Plan on French Language Communications and Services*. The Department translated various forms, newspaper and radio ads, public health advisories, and reports. The Department continues to translate job postings into French for publication in *L'Aquilon* (the French language newspaper). Most notably, during 2012-2013 the Department ensured the translation of the Personal Service Establishment (PSE) standards and permit form into French and began work on a bilingual application form and permit for food establishments.

The Department translated and/or interpreted materials into Aboriginal languages, including brochures, fact sheets, radio ads and public health advisories, and warnings. Most notably, we translated the report of the Fort Good Hope Cancer Sharing Circle into North Slavey, provided all of the participants and the local radio station with copies of the recordings, and were involved in Cancer Terminology Development Workshops.

Appendix 4
Summary of Legislative Agenda

Health and Social Services Professions Act

A new *Health and Social Services Professions Act* is being developed. This Act will regulate several health and social services professions under one legislative model, thereby allowing the Department to modernize the existing out-dated professional legislation in a more efficient and consistent manner. Professions currently unlicensed in the Northwest Territories could also be regulated under the Act in the future. Drafting of a Bill has begun and is expected to be completed early in 2015.

Dental Profession Act

Following a review of the *Dental Profession Act*, it was identified that the current section respecting dental students is overly restrictive. In addition, other sections were out-of-date or were identified as being inconsistent with Chapter 7 on Labour Mobility of the Agreement on Internal Trade.

In 2012-13, consultations took place on the proposed amendments with the NWT Dentists Association. Bill 21 was developed to amend the Act. This amendment will include changing the supervision requirements for dental students to make it more feasible for the NWT; updating the Dental Registration Committee to reflect current administrative practice; ensuring that the *Act* complies with the Agreement on Internal Trade; and amending the name of the accrediting body for dental education programs.

Child and Family Services Act

The Department is on track to amend the *Child and Family Services Act* during the 17th Legislative Assembly. The SCOSP recommendations were reviewed and the Department conducted jurisdictional reviews for options that best respond to the recommendations. The amendments will address the recommendations brought forward by SCOSP in its review during the 16th Legislative Assembly.

Mental Health Act

The Department continued its work on developing a new *Mental Health Act*. This new Act modernizes the existing Act to reflect today's views, better respects patients, and recognizes that community involvement promotes healthy families. It will incorporate the needs of the client as well as respect the cultures and traditions of NWT residents.

In June 2012, the Department published *A Shared Path Towards Wellness – Mental Health and Addictions Action Plan, 2012-2015*. A series of public Discussion Papers on the different provisions of a new *Mental Health Act* is planned for 2013.

The new MHA will facilitate and respond to the Department of Justice's work on mental health courts that address underlying mental health problems that contribute to criminal behaviour through assessments, individualized treatment plans, and ongoing judicial monitoring to address the mental health needs of offenders and public safety concerns.

Hospital Insurance and Health and Social Services Administration Act

The Department continued to explore governance options and worked with partners to determine the best way forward, recognizing the authority of Health and Social Services Boards and Aboriginal Governments. The Department developed a discussion paper on governance that was shared with the JLC, Aboriginal Governments, and Members of the Legislative Assembly.

The existing HIHSSA is out-of-date and not reflective of the current system. In response, the Department began the development of interim legislative amendments that clearly define the authority of the Minister, and improve provisions for accountability, quality assurance, and transparency in the current legislation.

Medical Care Act

In June 2012, the *Canada Health Act* was amended so that members of the Royal Canadian Mounted Police (RCMP) are no longer excluded from being "insured persons" under that Act. The Department began consultation work to amend the *Medical Care Act* to remove members of the RCMP from the list of residents not eligible for insured services in the NWT. This amendment will reflect administrative practice and be consistent with the amendments to the federal legislation.

Health Information Act

The Department continues to work with the Department of Justice on drafting a new *Health Information Act* (HIA) Bill and is on track to have the Bill introduced in 2013. The purpose of enacting the HIA is to set out a modern framework governing the collection, use, disclosure, and access of personal health information. This includes setting the rules that health care providers must follow for the protection and proper sharing of clients' personal health information, and providing up-to-date health-specific access and protection of privacy provisions that will apply to health care providers, including private sector providers.

The legislative model proposed draws from that of Alberta, since they are the NWT's primary partner in the delivery of health services to NWT residents. The Department also draws many aspects of its legislative proposal from other provinces, as well as the *Access to Information and Protection of Privacy Act*, and suggests certain changes to provisions to address circumstances specific to the NWT, such as the ability of a patient to express consent verbally and not just in writing.

Appendix 5
List of Indicators and Data Sources

Note: Numbers are subject to future revisions and are not necessarily comparable to numbers in past or future tabulations and reports.

Indicator	*Data Source*
Percentage of children receiving services in their home community	NWT Department of Health and Social Services, *Child and Family Information System*
Percentage of children receiving services in their home or with a relative	NWT Department of Health and Social Services, *Child and Family Information System*
Number of communities with a Child and Family Services Committee Initiated	NWT Department for Health and Social Services, Territorial Social Programs Division
Number of foster families in the NWT (regular, provisional, and extended family)	NWT Department of Health and Social Services, *Child and Family Information System*
Number of NWT communities where respite is available	NWT Department of Health and Social Services, Territorial Health Services Division
Number of communities with a Healthy Family Program	NWT Department of Health and Social Services, Territorial Social Programs Division
Self-reported health status: % of the population reporting "excellent', or 'very good' health	Canadian Community Household Survey
Ambulatory-sensitive conditions as a proportion of overall hospitalizations	Canadian Institute for Health Information, *Discharge Abstract Database.*
Rate of hospitalizations where a mental health issue was the primary reason	Canadian Institute for Health Information, *Discharge Abstract Database* and *NWT Bureau of Statistics, Population Estimates.*
STI incidence rate for Chlamydia, Gonorrhea, and Syphilis	NWT Department of Health and Social Services, *Communicable Disease Registry* and *NWT Bureau of Statistics, Population Estimates.*
Percentage of smokers who report being counseled to quit smoking by their primary care provider	(No new data for 2012-13)
Incidence rate of diabetes in population aged 45-59 years (includes Type I and II diabetes)	(No new data for 2012-13)
Estimated lower limb amputation hospitalization rate among population with diabetes	Canadian Institute for Health Information, *Discharge Abstract Database* and NWT Department of Health and Social Services, *Chronic Disease Registry*

Indicator	*Data Source*
Percentage of obese adults in NWT	Canadian Community Health Survey
Prevalence of smoking (15 years and older)	(No new data for 2012-13)
Prevalence of hazardous drinking (current drinkers, age 15-24)	NWT Substance Use and Addictions Survey
Inpatients injured from falls in hospitals	Canadian Institute for Health Information, *Discharge Abstract Database*
Reduced hospitalization rate due to injury and poisoning	Canadian Institute for Health Information, *Discharge Abstract Database* and NWT Bureau of Statistics, *Population Estimates*
Number of standards reviewed, developed, and implemented	NWT Department of Health and Social Services, Territorial Health Services Division
Number of clients receiving homecare in their community	NWT Department of Health and Social Services, Territorial Health Services Division
Incidence of new active TB cases in 2012	NWT Department of Health and Social Services, *Communicable Disease Registry* and NWT Bureau of Statistics, *Population Estimates.*
Number of NWT residents served by Telehealth	NWT Department of Health and Social Services, Information Services Division
Percentage of total biomedical equipment replaced based on recommended life cycles	NWT Department of Health and Social Services, Infrastructure Planning Division
Percentage of total value HSS Centres scheduled for major upgrade or replacement	NWT Department of Health and Social Services, Infrastructure Planning Division
Percentage of staffing competitions completed within 8 weeks	NWT Department of Human Resources, Recruitment Unit
Percentage of total bed days as alternative level of care	Canadian Institute for Health Information, *Discharge Abstract Database*
No shows (medical travel)	In development
No shows (specialists)	Stanton Territorial Health Authority
No shows (family practitioners and NPs)	NWT Health and Social Services Authorities
MRSA incidence in the NWT	NWT Department of Health and Social Services, Communicable Disease Registry and NWT Bureau of Statistics, Population Estimates.
Percentage of employees who indicate they feel supported within in their work environment	NWT Department of Health and Social Services, *GNWT Employee Engagement and Satisfaction Survey 2012*
Hospital acquired infection rates	In development
Timeliness of response to identify adverse events	In development
Percentage of residents satisfied with overall health services	(No new data for 2012-13)
Degree to which MHA services meet the needs of clients	(No new data for 2012-13)
Data collected and outcome measures reported	NWT Department of Health and Social Services

Appendix 6
Changes to Performance Measures

New or Changed Performance Measures in the 2012 – 2013 Annual Report:

- Prevalence of heavy drinking (15-24 years) changed to:
  - *Prevalence of hazardous drinking (current drinkers, age 15-24)*
- Incidence of active tuberculosis changed to:
  - *Incidence of new active TB cases in 2012*
- Number of clinical professionals using Telehealth services (i.e. to provide service, education, doctor to doctor consults) changed to:
  - *Number of NWT residents served by Telehealth*
- Incidence of community acquired MRSA changed to:
  - *MRSA incidence in the NWT*

Key Performance Measures for future reporting

- No shows (medical travel)
- Hospital acquired infection rates
- Timeliness of response to identify adverse events
- Incidence rate of diabetes in population aged 45-59 years

Northwest Territories

If you would like this information in another official language, call us.

English

Si vous voulez ces informations en français, contactez-nous.

French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

TŁĮCHǪ YATI K'ĘĘ. DI WEGODI NEWǪ DÈ, GOTS'O GONEDE

Tłı̨chǫ

ʔERIHTŁ'ÍS DËNE SÚŁINÉ YATI T'A HUTS'ELKËR
XA BEYÁYATI THEʔĄ ʔAT'E, NUWE TS'ËN YÓŁTI.

Chipewyan

EDI GONDI DEHGÁH GOT'ĮE ZHATĮE K'ĘĘ EDATŁ'ÉH
ENAHDDHĘ NIDE NAXETS'Ę EDAHŁÍ

South Slavey

K'ÁHSHÓ GOT'ĮNE XƏDǾ K'É HEDERI
ʔEDĮHTL'É YERINIWĘ NÍDÉ DÚLE.

North Slavey

Jii gwandak izhii ginjìk vat'atr'ijąhch'uu zhit
yinohthan jì', diits'àt ginohkhìi.

Gwich'in

UVANITTUAQ ILITCHURISUKUPKU INUVIALUKTUN, QUQUAQLUTA.

Inuvialuktun

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Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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